

Department of Health and Human Services

**Evaluation of ARRA Comparative Effectiveness
Research Dissemination Contract Efforts**

***Consumer and Clinician Survey Analysis Report:
Second Survey Administration and Longitudinal Report
(Deliverable 24 and 26)***

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EXECUTIVE SUMMARY

Patients and their health care providers have many options when deciding on a treatment plan. Sorting through large volumes of information is difficult and time consuming for physicians and patients alike. This has created a need for synthesized research conducted and compiled by objective experts. Recognizing this vacuum, the Agency for Healthcare Research and Quality (AHRQ) has taken a leading role in developing and widely disseminating comparative effectiveness research (CER), a type of patient-centered outcomes research (PCOR),¹ and sharing it with decisionmakers, including clinicians, health care system administrators, business purchasers, and consumers.

The goal of the evaluation contract is to assess secular trends in consumer and clinician awareness of CER and specific CER topics. Specifically, the data collection effort will ascertain: 1) if and how levels of awareness, understanding, use, and perceived benefits of CER are changing and 2) trends in awareness of AHRQ's EHC Program. Using a computer-assisted telephone interviewing (CATI) survey and a mail survey, respectively, IMPAQ/Battelle (the "IMPAQ team") assessed levels of awareness and use of CER among consumers and clinicians at two points in time. This report focuses on the second data collection phase (wave 2) and presents a longitudinal analysis of the wave 1 and wave 2 consumer and clinician survey data.

Wave 2 Consumer Survey Findings

- Although nearly 65 percent of respondents were aware of the concept of comparing treatment choices and 45 percent had heard of research that can help compare treatment options, only 11 percent indicated that they had heard of the research referred to "by a specific name." Of that group, only two respondents knew it as "comparative effectiveness research," and two respondents identified this research as "patient-centered outcomes research," "PCOR," or "shared decisionmaking."
- When given a definition, 21 percent of respondents indicated that they were aware of research that can help compare treatment options. Respondents who were between 45 and 64 years old (compared to those 18 to 44 years old and 65 and older), Black (compared to White and other races), female, and not enrolled in Medicare or Medicaid (compared to enrollees) were statistically more likely to be aware of the concept of such research.
- Print media, such as newspapers, journals, and magazines, served as the most common source of information on CER, followed by Web sites, television/radio, and health care providers. Of those learning about CER from their clinicians, 51 percent (21 respondents) indicated that their provider had initiated discussions about CER. Health

¹ In the consumer questionnaire, rather than using the terms "CER" or "PCOR," the survey instruments refer to the "concept of evaluating treatment options." In the clinician questionnaire, the terms "comparative effectiveness research" and "patient-centered outcomes research" were used, but their abbreviations were not. For expediency, in this report we refer simply to "CER."

care providers and Web sites were the most common preferred methods to obtain medical information.

- Of the 598 respondents indicating awareness of CER (unaided or aided) and/or the EHC Program, just over half currently use research to help make medical decisions; one-fifth have used it in the past. Respondents who were between 18 and 44 years old (compared to aged 45 and older respondents), Black (compared to White and other races), and female were statistically more likely to use such research. Medicare beneficiaries were statistically more likely than their non-Medicare enrollee counterparts to use CER; however, Medicaid beneficiaries were statistically less likely than non-enrollees to report use of CER.
- A majority of respondents who indicated awareness of CER (unaided or aided) and/or the EHC Program also reported positive perceived benefits of CER. An 88 percent majority reported that evaluating treatment options provides information to help “make good medical health care choices,” and an 88 percent majority reported that evaluating treatment options “allows patients and doctors to make choices based on the needs of individual patients.”
- A minority (11 percent) of consumers had heard of AHRQ prior to the survey. Very few surveyed consumers had heard of the EHC Program (seven percent) or visited its Web site (three respondents).
- A majority of respondents were interested in evaluating treatment options before making medical decisions (74 percent), while fewer were interested in learning more about evaluating treatment options for specific conditions (51 percent) and learning about the EHC Program (58 percent).

Longitudinal Consumer Survey Findings

The longitudinal analysis comparing wave 1 to wave 2 suggests increases in awareness of and interest in CER, AHRQ, and the EHC Program among consumers. Although changes in consumers’ awareness of CER did not reach statistical significance, unaided awareness increased from 61 percent in wave 1 to 65 percent in wave 2, while aided awareness increased from 18 percent in wave 1 to 21 percent in wave 2. Awareness of research on the evaluation of treatment options for specific medical conditions rose from 73 percent in wave 1 to 86 percent in wave 2. As with awareness of CER generally, the increase was not statistically significant.

Consumers reported an increase in awareness of AHRQ and the EHC Program from wave 1 to wave 2. Four percent of consumers indicated awareness of AHRQ in wave 1 and 11 percent reported awareness in wave 2; this change was statistically significant. The percent of consumers reporting awareness of the EHC Program grew from four percent in wave 1 to seven percent in wave 2, but this increase did not reach statistical significance.

In addition to awareness, the team observed a statistically significant increase in consumers’ interest in learning more about CER. Consumers indicating interest in learning more about

evaluating treatment options for specific medical conditions grew from 37 percent in wave 1 to 51 percent in wave 2. Although the increase did not reach statistical significance, consumers' interest in evaluating treatment options to prepare for medical decisions increased from 69 percent in wave 1 to 74 percent in wave 2. Consumers also reported an increase in their intent to use CER to prepare for medical decisions, but the increase did not achieve statistical significance.

Interest in learning about the EHC Program increased over time from 44 percent in wave 1 to 58 percent in wave 2, and the increase was statistically significant. Consumers also reported an increase in intention to use AHRQ's products or other studies before a medical visit to inform decisionmaking from 39 percent in wave 1 to 45 percent in wave 2, although that increase was not statistically significant.

Wave 2 Clinician Survey Findings

- One-fifth (20 percent) of clinician respondents indicated awareness of CER when prompted with its name. A larger portion of clinicians indicated that they were more familiar with the term "PCOR" (49 percent) or "evidence-based medicine" (94 percent) than CER.
- The most common sources of exposure to CER were an article in a medical or science journal (24 percent); conference or professional meetings (17 percent); a continuing education course (11 percent); and colleagues (9 percent).
- Over one-third (38 percent) of the clinicians were aware of AHRQ. The majority of clinicians (88 percent) were unaware of the EHC Program. However, 17 percent of respondents reported that they had heard of the EHC Program's Web site.
- Awareness of EHC Program products was generally high among respondents who indicated awareness of the EHC Program; at least 40 percent of respondents had heard of each of the ten EHC Program products that the questionnaire listed, although fewer clinicians reported having ever read or used them.
- Slightly over half (54 percent) indicated that they were interested in learning more about CER. Similarly, over half (57 percent) indicated that they were interested in learning more about the EHC Program.
- The majority of clinicians indicated that they share educational materials with some (38 percent), most (39 percent), or all (12 percent) of their patients. The most common reasons for why they do not discuss treatment options included: patients' existing awareness of treatment options (18 percent); lack of time (16 percent); concern that patients will expect the clinician to know the "best" treatment (14 percent); patients being overwhelmed by the amount of information (14 percent); and concern that patients will have difficulty understanding the treatment options (14 percent).
- Slightly over half (56 percent) of the clinicians reported that they had seen, read, or heard messaging that encourages patients to explore and compare their treatment

options with their doctors. Among those who reported exposure to such information, just over one-third (39 percent) reported having seen these messages in the last month.

- Approximately half of the clinicians surveyed indicated that they are likely to use EHC Program consumer (47 percent) and clinician summaries (50 percent) in the next year, while approximately ten percent were unlikely to use either product.

Longitudinal Clinician Survey Findings

The longitudinal analysis comparing wave 1 to wave 2 suggests increases in awareness of and interest in CER, AHRQ, and the EHC Program among clinicians. Although changes in consumers' awareness of CER did not reach statistical significance, aided awareness increased from 18 percent in wave 1 to 20 percent in wave 2.

Clinicians reported statistically significant increases in both awareness of AHRQ and the EHC Program from wave 1 to wave 2. Thirty-three percent of clinicians indicated awareness of AHRQ in wave 1 and 38 percent reported awareness in wave 2. Likewise, the percent of clinicians reporting awareness of the EHC Program grew from eight percent in wave 1 to 12 percent in wave 2.

While awareness of CER, AHRQ, and the EHC Program increased, clinicians' knowledge and understanding decreased, although the changes were not statistically significant. Clinicians reported a slight decrease in the average CER Knowledge Score from 5.37 (out of 11) in wave 1 to 5.22 in wave 2. Clinicians' EHC Program Knowledge Score also declined from 6.39 (out of 11) in wave 1 to 6.32 in wave 2.

Like awareness, the team observed increases in clinicians' interest in learning more about CER and the EHC Program, although the changes were not statistically significant. Scores indicating clinicians' interest in learning more about CER increased slightly from 3.57 (out of 4) in wave 1 to 3.58 in wave 2. Clinicians also reported an increase in their interest in learning more about the EHC Program. In wave 1, clinicians reported a score of 3.61 (out of 4); in wave 2, the score grew slightly to 3.63.

Use of the EHC Program Web site among clinicians increased from wave 1 to wave 2 and the change was statistically significant. Twenty-eight percent of clinicians reported that they had previously visited the EHC Program Web site in wave 1; 41 percent reported visiting the Web site in wave 2. Clinicians also reported a slight increase in their intention to use EHC Program clinician products in the near future, although the change was not statistically significant. Fifty percent of clinicians reported intention to use EHC Program clinician products in wave 1; this figure increased by 0.1 percentage point in wave 2.

SECTION I: INTRODUCTION AND BACKGROUND

Patients and their health care providers have many options when deciding on a treatment plan. Sorting through large volumes of information is difficult and time consuming for physicians and patients alike. This has created a need for synthesized research conducted and compiled by objective experts. Recognizing this vacuum, the Agency for Healthcare Research and Quality (AHRQ) has taken a leading role in developing and widely disseminating comparative effectiveness research (CER), a type of patient-centered outcomes research (PCOR),² and sharing it with decisionmakers, including clinicians, health care system administrators, business leaders/purchasers, and consumers.

AHRQ is testing new approaches to disseminating PCOR that promote awareness of the Effective Health Care (EHC) Program and, collectively, reach AHRQ's priority audiences. These strategies include academic detailing, continuing education, media and marketing, partnership development at national and regional levels, and "virtual centers." See Appendix A, "Introduction and Background," for a more detailed description of these strategies.

The goal of the evaluation contract is to assess secular trends in consumer and clinician awareness of CER and specific CER topics. Specifically, the data collection effort will ascertain: 1) if and how levels of awareness, understanding, use, and perceived benefits of CER are changing and 2) trends in awareness of AHRQ's EHC Program. Using a computer-assisted telephone interviewing (CATI) survey and a mail survey, respectively, the IMPAQ/Battelle (the "IMPAQ team") assessed levels of awareness and use of CER among consumers and clinicians at two points in time. This report focuses on the second data collection phase (wave 2) and presents a longitudinal analysis of the wave 1 and wave 2 consumer and clinician survey data.

² In the consumer questionnaire, rather than using the terms "CER" or "PCOR," the survey instruments refer to the "concept of evaluating treatment options." In the clinician questionnaire, the terms "comparative effectiveness research" and "patient-centered outcomes research" were used, but their abbreviations were not. For expediency, in this report we refer simply to "CER."

SECTION II: STUDY DESIGN AND METHODOLOGY

2.1 General Research Approach

The goal of the surveys is to ascertain changes in awareness, understanding, use, and perceived benefits of CER among consumers and clinicians over two points in time. AHRQ is particularly interested in understanding:

- The level of increase in dissemination of products to consumers and clinicians that promote communication of evidence about the comparative effectiveness of different medical interventions.
- The level of increase of stakeholders reporting that they use EHC Program products as a resource, both before and after AHRQ-funded dissemination activities.
- The degree of change in behavior based on level of use after dissemination.

To collect the consumer and clinician survey data, the IMPAQ team developed two separate survey instruments (one for consumers and one for clinicians) designed to elicit information regarding awareness, understanding, perceived benefits, and use of CER. These surveys allow the evaluation team to determine barriers to uptake of CER and EHC Program products. The same surveys were used at both Wave 1 and Wave 2.

2.2 Development of Consumer and Clinician Survey Instruments

The IMPAQ team developed the consumer (telephone) and clinician (paper-based) surveys using key metrics in the dissemination and adoption process. The team operationalized and incorporated into the survey instruments each of the variables captured in the key metrics tables (Exhibit 1). Survey questions were designed to obtain reliable, valid data. Once the team finalized questions and response categories, it organized the modules and the question order within each module to facilitate efficient survey administration. The team also tested and confirmed the logic and operationalization of the survey skip patterns, a critical component to the survey development process, and formatted the CATI screens and paper-based instruments to maximize ease of completion and generate clear, accurate responses.

Exhibit 1. Key Metrics, Survey Variables, and Definitions

Variable	Conceptual Definition	Operational Definition
Awareness	Extent to which consumers and clinicians are aware of CER in general and of AHRQ's EHC Program and EHC Program products in particular	Unaided and aided awareness of CER (in general and AHRQ's EHC Program and its Web site)
Understanding	Extent to which consumers and clinicians understand the general concepts and principles of CER and AHRQ's EHC Program	Knowledge of information Ability to describe CER principles and cite specific CER findings
Benefits	The extent to which consumers and clinicians have found AHRQ's EHC Program products helpful in reaching decisions about medical care	Perceived utility of using CER compared to traditional methods of clinical practice and perceived utility of using EHC Program products in clinical practice
Behavior Change/Use (Outcome)	Extent to which consumers and clinicians make use of CER study results and change their behavior in deciding what medical care they will use or recommend	Self-reported intent to use CER and actual use of CER in self report clinical practices Physicians' self-reported clinical practice

The consumer and clinician surveys consisted of 65 and 119 questions, respectively. However, due to skip patterns, respondents were unlikely to have answered all questions. The surveys contained a variety of closed-ended, Likert-scale, semantic differential scale, and open-ended questions. When clinician respondents were asked to report numbers such as age or hours spent in clinical practice each week, respondents provided specific numbers (that is, respondents did not select from a pre-specified range), enabling the team to segment these variables to match the different approaches used by the four dissemination contractors. The second wave consumer survey was fielded between June 10, 2013 and August 28, 2013. The second wave clinician survey was fielded between June 3, 2013 and September 23, 2013. The consumer and clinician surveys took approximately 15-20 minutes to complete.

2.3 Consumer and Clinician Survey Testing and Revisions

Prior to fielding the first wave of the consumer survey, the evaluation team pre-tested the consumer instrument through one-on-one cognitive interviews with nine IMPAQ staff members. To pre-test the clinician survey, the team conducted cognitive interviews with seven clinicians selected through a convenience sample. The participating clinicians included two physicians, two nurse practitioners, two physician assistants, and one nurse.

The IMPAQ team fielded the same consumer and clinician surveys for wave 2 as used for wave 1. After reviewing the consumer survey, some skip patterns were adjusted in the wave 2 consumer survey to enable a more robust sample size for more questions.

The final consumer survey is available in Appendix B; the final clinician survey is in Appendix C.

2.4 Consumer and Clinician Survey Samples

2.4.1 Consumer Survey Sample

The IMPAQ team, in consultation with AHRQ, selected key eligibility criteria for potential respondents. This eliminated the following consumers from the respondent pool:

- Non-English speakers;
- Individuals employed by AHRQ or residing in a household with an AHRQ employee;
- Health care providers (e.g., physicians, nurses, allied health workers) or employees of medical device or prescription drug companies; and
- Individuals who had not recently been patients (that is, each surveyed consumer confirmed that he or she visited a doctor or other health care professional in the past 12 months).

The team worked with a sampling statistician to obtain the appropriate sample frame for the consumer survey and determined that a sample size of 1,000 respondents would be more than sufficient to generate a sample of consumers, based on conservative assumptions of a power of 80 percent to detect a 0.1 change in a proportion for a one-sided test with $\alpha = 0.05$. To generate the largest possible sample size in the absence of adequate information on the potential response distribution, we assumed a conservative sample proportion of 50 percent on key variables of interest.

To generate the sample frame for the consumer survey, the IMPAQ team procured a random sample of the general adult population of the United States (those 18 years and older) with a landline telephone from Survey Sampling Inc. (SSI). Based on wave 1 field efforts results and our screening eligibility criteria, the IMPAQ team purchased 12,000 individual telephone numbers and corresponding addresses to meet the conservative target of 1,000 completed responses for findings that are nationally generalizable by age group. SSI transferred the data to IMPAQ in an ASCII delimited format utilizing a secure FTP. The evaluation team reviewed the data for completeness and gave each sample member a unique ID number.

2.4.2 Clinician Survey Sample

The target population for the clinician survey included primary care physicians, nurse practitioners, and physician assistants (i.e., internal medicine, family medicine, general practice, pediatrics, and obstetrics/gynecology) who spend at least eight hours each week involved in direct patient care.

The IMPAQ team purchased the initial sample frame for each survey administration from Medical Marketing Services (MMS), Inc., which maintains a list of physicians and allied health

professionals. In addition, the team used the AMA Physician Master File, the most comprehensive list of physicians in the United States (including both members and non-members of the AMA). For physician assistants, the team obtained the master list from the American Academy of Physician Assistants (AAPA), which maintains a comprehensive index of over 95,000 physician assistants, also including AAPA members and non-members. For nurse practitioners, the evaluation team worked from a comprehensive, proprietary list of 230,000 Advanced Practice Nurses (including 176,000 Nurse Practitioners) compiled from the Medical and Nursing Boards of the 50 States and the District of Columbia.

Statisticians on the IMPAQ team based the sample size on a power calculation assuming a one-sided test to detect a four percent change in a proportion of the population aware of EHC Program with 80 percent power at $\alpha = 0.05$. The power calculations required an estimate of the “pre-intervention” proportion in the population (0-100 percent) for the outcome of interest (i.e., awareness of EHC Program). However, due to the lack of existing estimates on the outcome, we chose the most conservative pre-intervention estimate (50 percent). This yielded a sample size of 1,926 per survey administration. Assuming a response rate of 75 percent, an initial sample of 2,568 clinicians per administration was required to achieve the desired final sample size. The sample breakdown by clinician subgroup per administration is provided in the table below.

Exhibit 2. Sample Breakdown by Clinician Subgroup

Subgroup	Number in Sample List	Final sample target (75% response rate)	Ineligible*	Eligible ⁺	Percentage of Sample List
Wave 1					
Physicians	856	642	20	511	60
Physician Assistants	856	642	29	630	74
Nurse Practitioners	856	642	40	549	64
Total	2,568	1,926	89	1,690	66
Wave 2					
Physicians	858	644	34	471	55
Physician Assistants	858	644	37	560	65
Nurse Practitioners	857	643	35	544	63
Total	2,573	1,930	106	1,575	61

* Survey respondents were ineligible if they indicated in Q12 of the questionnaire that they spend less than eight hours per week providing direct patient care. These respondents were instructed to stop and return the survey after completing Q12.

⁺ Survey respondents were eligible if they indicated in Q12 that they spend 8 hours or more per week providing direct patient care.

2.5 Consumer and Clinician Survey Field Work

2.5.1 Consumer Survey Field Work

Computer-Assisted Telephone Interviewing (CATI) Training

The IMPAQ team trained nine interviewers to administer the consumer survey. Each of the trainings included an introduction to AHRQ and an overview of CER, frequently asked questions and suggested answers, special considerations of the target population, and a question-by-question review of the entire consumer survey instrument. IMPAQ's survey center supervisors closely monitored interviewers' performance and production throughout the inbound and outbound calling phases.

Sample Waves

The IMPAQ team randomly selected consumers from the sample in waves of 2,000, giving each name a unique ID number. IMPAQ's programmer uploaded each wave to a secure site, enabling the team's Printer to access the data securely and merge name and address fields into the introductory letter (see Exhibit 3). The team sent a personal introductory letter to each potential respondent in each wave.

Exhibit 3. Consumer Survey Summary of Waves (Replicates)

Wave number	Count	Date of data upload to printer	Mailing date	Wave starts in CATI system
Wave 1	n=2,000	6/3/2013	6/7/2013	6/10/2013
Wave 2	n=2,000	6/11/2013	6/14/2013	6/18/2013
Wave 3	n=2,000	6/18/2013	6/21/2013	6/25/2013
Wave 4	n=2,000	6/23/2013	6/27/2013	7/1/2013
Wave 5	n=2,000	7/9/2013	7/12/2013	7/15/2013
Wave 6	n=1,500	8/6/2013	8/9/2013	8/12/2013
Waves 1 through 6 finished August 28, 2013.				

For quality assurance purposes, at the start of each wave, the IMPAQ team manually verified between two and four percent of the sample to ensure matched names and ID numbers on both the mailed letters and the CATI system records.

Introductory Letters

The IMPAQ team mailed introductory letters to each of the consumers selected to participate in the telephone survey. The introductory letter may be found in Appendix D. IMPAQ's survey center managed all inbound calls initiated by participants after receiving the introductory letter. In addition, the IMPAQ team established a toll-free number (listed in the introductory letter) and fielded several inquiries from respondents seeking additional information about the study. Potential participants who called in to request removal from the survey were pulled from the

sample and excluded from the survey. Similarly, CATI interviewers did not attempt interviews with respondents they identified as “refusals” or “ineligible,” and removed those identified as “deceased” from the sample.

The post office was unable to deliver a total of 335 (2.9 percent) of the 11,500 introductory letters mailed during the seven waves of mailings. Exhibit 4 illustrates the reasons.

Exhibit 4. Results of Consumer Introductory Letters Not Delivered

Reason for Introductory Letter Not Delivered	Number Not Delivered	Percentage
Moved with no forwarding address	6	1.8
Attempted - not known	76	23
Not deliverable as addressed	149	45
No mail receptacle	47	14
Insufficient address	13	4
Refused	3	<1
Vacant	12	4
No such street or no such number	9	3
Deceased (return to sender)	1	<1
Unable to Forward	4	1
Unclaimed	9	2.7
Returned (no reason given)	1	<1
Forward time expired	5	1.5
Total	335	100

Screening and Recruitment of Participants

The outbound CATI phase of the study began one week after IMPAQ mailed the first wave of introductory letters. During the outbound CATI portion of the study, interviewers made up to six attempts to reach each telephone survey respondent. The IMPAQ team fully managed and coordinated the outbound CATI effort.

The team’s approach to successful telephone data collection relied on precise and detailed sample management and case tracking. IMPAQ’s call center emphasized efficient scheduling to distribute call attempts at optimum times. The CATI system facilitates case delivery for the interviewing staff by setting “call-backs” at preset times or resuming partially completed interviews. The system also produces progress reports and clean data files.

As noted above, the IMPAQ team screened potential respondents using AHRQ-approved eligibility criteria for potential respondents. As a result, surveyed consumers excluded the following:

- Non-English speakers;
- Individuals employed by AHRQ or residing in a household with an AHRQ employee;

- Health care providers (e.g., physicians, nurses, allied health workers) or employees of medical device or prescription drug companies; and
- Individuals who had not recently been patients (that is, each surveyed consumer confirmed that he or she visited a doctor or other health care professional in the past 12 months).

The screener questions may be found in Appendix E. Exhibit 5 illustrates the results of the eligibility screening for the respondents that were reached and agreed to participate.

Exhibit 5. Results of Consumer Screener Questions S4-S8

Screener Question	Number of Respondents	Percentage
Not fluent in English	12	6.3
Works for AHRQ/household member works for AHRQ	3	1.6
Health care provider	114	60.0
Not visited doctor/health care provider past 12 months	58	30.5
Refused to continue	3	1.6
Total	190	100

Of the 190 consumers who were ineligible for the survey, over half (60 percent) were health care providers and one third (30.5 percent) reported that they had not visited a doctor or health care provider in the past 12 months. Approximately ten percent were not fluent in English, while three percent refused to complete the interview and less than one percent reported that they or a household member worked for AHRQ.

CATI interviewers completed 948 consumer surveys during the field period. Exhibit 6 illustrates the results of all of the call attempts by outcome category.

Exhibit 6. Outcome of Consumer Call Attempts

Outcome	Total	% of Total
Completed	948	8
Partially completed (majority completed screener only)	48	<1
Non-response (no answer, busy, unlocatable, connection issue, wrong number, disconnected number, etc.)	7,205	63
Respondent deceased	145	1
Refusal	2,089	18
Language barrier	155	1
Voice mail or privacy managers, left message household member	562	5
Did not pass screener (see Exhibit 5)	190	2
Mental/physical incapacity/institutionalized	158	1
Total	11,500	100

Data Management

After completing the data collection phase, the IMPAQ team exported the data from the CATI into a master database stored on a password-protected secure server at IMPAQ. The team implemented multiple rounds of data quality checks to confirm that the data were exported without any loss or distortion of content.

To facilitate analysis, IMPAQ's programming staff exported the data into a SAS file. IMPAQ team members checked the data for logical inconsistencies, created analytical variables from the survey questions, tabulated each survey question, and generated frequencies and percentages. The frequency tables on all the survey questions, including verbatim responses to open-ended questions, are displayed in Appendix F.

Survey Weighting

The IMPAQ team anticipated that the younger age group (i.e., 18 through 44 year olds) would be underrepresented in the pool of survey respondents for several reasons:

- Younger potential respondents may be more likely to be screened out because they are less likely than their older counterparts to have seen a health care professional in the past 12 months;
- Younger potential respondents may be less likely than retirees to answer landline telephones during daytime hours; and
- A landline sample may be disproportionately older than the population at large, which may rely more heavily on mobile devices as the sole telephone in the household.

After conducting wave 1, the IMPAQ team confirmed a higher average respondent age than is represented in the U.S. population and investigated strategies to increase representation of younger consumers. After consulting with telephone listing vendors who explained that a skewed age distribution among landline samples is a common and growing issue in survey research, the IMPAQ team conducted a literature review on coverage bias of landline versus cell phone-based samples. See Appendix G for a further discussion of the literature review. Per evidence suggested by the literature review, we also increased weekend and evening hours, which ultimately helped increase representation of younger consumers.

The IMPAQ team closely monitored the age distribution with AHRQ throughout the data collection period. We jointly concluded that the team was surveying the most relevant population and that IMPAQ need not execute a separate mobile telephone wave to achieve AHRQ's research goals. Based on this decision, IMPAQ proceeded with the survey administration as planned.

After cleaning the final interview data, the IMPAQ team checked the age distribution of survey respondents, as depicted by Exhibit 7, below.

Exhibit 7. Age Distribution of Consumer Survey Respondents

Age Range	Frequency	Percentage
18-44 years	65	5.8
45-64 years	334	35.23
65 years or older	544	57.38
Refused	14	1.48
Don't Know	1	0.11
Total	948	100

The final respondent pool remained disproportionately older than the population at large. Only 5.8 percent of the respondents were in the 18 to 44 year old age group. Therefore, in consultation with a survey statistician and with AHRQ's permission, the IMPAQ team age-adjusted the survey data. Using the percentage of the population of various age groups who visited a doctor or health care professional in the past 12 months, available in Centers for Disease Control and Prevention's (CDC) National Health Interview Survey, the team's sampling statistician determined appropriate weights to apply to the consumer survey data. The specific weighting procedure is discussed in detail in Appendix H.

All of the results presented in this chapter are weighted percentages. Appendix F displays responses to all the survey questions in tabular form and reports frequencies as well as both actual and weighted percentages. The raw frequencies are presented in the cells of Appendix F tables without any data suppression so that the reader may have a clear picture of the actual survey responses. However, because percentage estimates may not be reliable when the

associated sample size is very small, we present the actual frequency rather than the weighted percentage for any question with a numerator of less than ten respondents.³

Analytic Methodology of Consumer Survey

The IMPAQ team identified key questions to be discussed in this report and generated graphs to display the results. In addition to aggregate-level analysis, we conducted sub-group analysis on key questions with relatively large numbers of respondents to explore differences among demographic groups in their responses. For the sub-group analysis, we ran cross-tabulations and statistical tests of differences among categories using Chi-Square tests.

The statistical goal of the current longitudinal survey analysis is to examine the changes in the key outcome variables between wave 1 to wave 2, and test to see if those changes are statistically significant. Specifically, the longitudinal survey analysis aims to estimate changes in the proportion of consumers who are aware of CER broadly, aware of the EHC Program specifically, seek out and understand CER products and research (generally and AHRQ-specific), consider CER to be beneficial, and incorporate CER into decisionmaking. For each outcome variable, we tested whether there was a statistically significant increase between survey waves (wave 2 minus wave 1) at the $p < 0.05$ level using a one-sided test. If the Wave 3 survey is conducted, then we will also examine, at a future date, the point estimates and changes in those variables across all three waves of the survey.

2.5.2 Clinician Survey Field Work

Introductory Letters and Survey Packet

To alert potential respondents of the forthcoming survey and confirm eligibility and mailing addresses, the IMPAQ team sent an advance letter and a return postcard to each clinician in the sample (see Appendix I). A survey package was mailed to all clinicians via express delivery, followed by up to four reminders (i.e., two postcard reminders, a second survey package, and a third postcard reminder) as necessary. Because clinicians who spend most of their time in direct patient care are a particularly difficult group to survey, the study used a version of Dillman's Tailored Design Method (1999)⁴ modified by Battelle^{5,6} to maximize response rates. Exhibit 8 illustrates the main steps of the survey administration process.

³ See Klein R. J. et al. , July 2002 (Healthy People 2020 Criteria for Data Suppression, No. 24, July 2002, National Center for Health Statistics, Centers for Disease Control and Prevention) for data suppression rules followed by the various health surveys from which Healthy People 2020 baseline data are drawn.

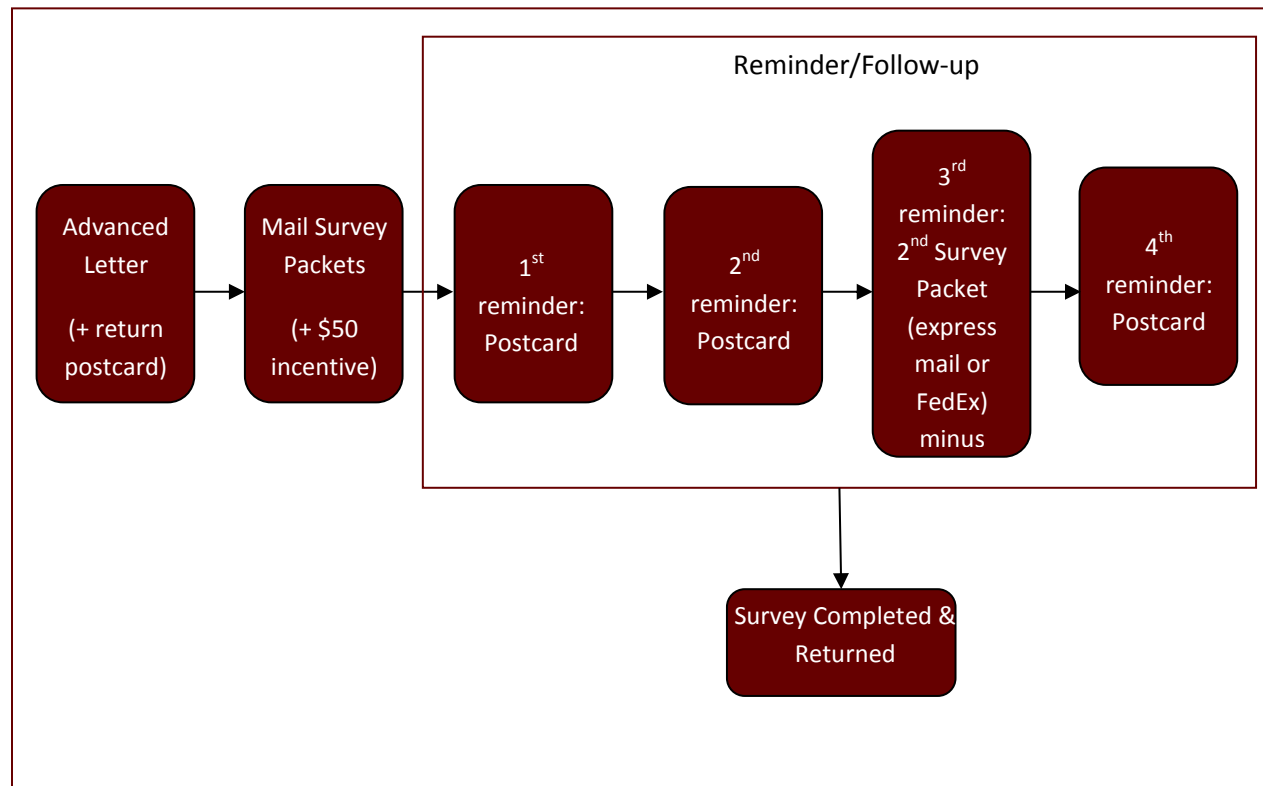
⁴ D.A. Dillman. *Mail and Internet Surveys: The Tailored Design Method*. Canada: John Wiley & Sons, 1999.

⁵ D. Kasprzyk, D.E. Montano, J.S. Lawrence, W.R. Phillips. *The Effects of Variations in Mode of Delivery and Monetary Incentive on Physicians' Responses to a Mailed Survey Assessing STD Practice Patterns*. Evaluation and Health Professions, 2001; 24(1): 3 -17.

⁶ Montañó DE, Kasprzyk D, Hall IJ, Richardson LC, Greek A, and Ross L. Effect of incentive amount and telephone follow-up on response to a physician survey: findings from a prostate cancer screening survey of primary care physicians. Evaluation and the Health Professions. (under review)

The survey package for wave 2 included: a cover letter emphasizing the importance of the survey, the questionnaire, a postage-paid return envelope, and a \$50 cash incentive. The incentive was included only in the first survey package. See Appendix J for the survey package materials; see Appendix K for follow-up materials.

Exhibit 8. Clinician Survey Administration



Data Management

The IMPAQ team developed a systematic procedure for entering data from the hard copy instruments that it received from clinician respondents. This procedure included team members submitting file layouts to a data preparation manager in written form with clear specifications as to columns, data types, missing values codes, and editing requests (e.g., range and logic checks and automatically filling skip patterns). The data preparation manager was responsible for overall survey management, including overseeing all mailings and data entry screen programming and training staff on both handling received surveys and using the survey questionnaire management database. The manager also oversaw data entry and performed quality checks on data entry. After manually quality checking ten percent of surveys to identify and correct any data entry errors, staff flagged discrepancies to be resolved by a survey team supervisor. In addition, the IMPAQ team tracked keying error rates and confirmed an error rate of less than one percent.

Any problems encountered during the keying process were referred to the data preparation manager, who maintained a decision log to keep a thorough record of all decisions made during

this process. Data keyers documented difficulties encountered during keying by attaching suitable notations to the source documents and posting them in the decision log.

To ensure confidentiality, the IMPAQ team stored completed mail surveys in locked file cabinets. Only authorized project staff had access to password protected electronic files. All project personnel signed an Assurance of Confidentiality statement (see Appendix L) and received training on measures to safeguard data. The IMPAQ team maintained a link between respondents and their respective ID numbers and tracked survey mailings and responses, and follow-up contacts. However, the team stored links between respondent contact information and ID numbers securely and separately. Upon completion of data collection, the IMPAQ team destroyed the links between survey ID numbers and identifying information, including the respondent's contact information.

Analytic Methodology of Clinician Survey

The clinician survey provides information that can be used to estimate general trends in the key study metrics among the U.S. population of clinicians, elucidating the barriers to CER consumption and adoption.

We report the cross-sectional analyses for the survey questions. When appropriate, this report includes analyses by clinician type and campaign exposure. Significance tests were conducted using Pearson Chi-Square, two-sided t-test for difference in means, or ANOVA, as appropriate, at $\alpha = .05$. Proportions are reported on the sample as a whole.

The statistical goal of the current longitudinal survey analysis is to examine the changes in the key outcome variables between wave 1 to wave 2, and test if those changes are statistically significant. If the Wave 3 survey is conducted, then we will also examine at a future date the point estimates and changes in those variables across all three waves of the survey.

For each outcome variable, we tested whether there was a statistically significant increase between survey waves (wave 2 minus wave 1) at the $p < 0.05$ level using a one-sided test.

For the dichotomous variables of interest, we estimated the population proportions using the sample proportions from each wave. Inferences related to the difference in these two estimated proportions were based on the large sample approximation of the normal distribution to the binomial. For some categorical variables with more than two categories, we focused on the proportion of respondents who chose a subset of the possible categorical responses.

For the continuous variables, including ordinally-scaled variables, we assumed both waves' samples come from a normally distributed population. We tested the difference in means from the two waves assuming the variances are unequal. For the resulting t-test of no difference in wave means we used Satterthwaite's approximation for the t distribution degrees of freedom.

2.6 Limitations to Consumer and Clinician Survey Findings

Although the evaluation team randomly selected respondents to participate, those who chose to complete the survey may not be representative of all consumers and clinicians in the U.S. Thus, threats to validity due to self-selection bias are inherent in our methodology.

Additionally, measurement of outcomes was based on self-report with the associated inherent threats to validity and potential for unreliability. However, the evaluation team modeled both aided and unaided awareness questions after items used in other national campaign evaluations to help mitigate that bias.^{7,8} Such measures have been shown to track well with actual campaign exposure.

Lastly, several survey items were asked contingent upon awareness of CER, AHRQ, or the EHC Program. The low level of awareness of CER, AHRQ, and the EHC Program among respondents led to smaller sample sizes for certain questions and their results should be interpreted with caution. The IMPAQ team included sample sizes to aid in the reader's understanding of the results.

⁷ Southwell BG, Barmada CH, & Hornik RC. (2002). Can we measure encoded exposure? Validation Evidence from a national campaign. *Journal of Health Communication*, 7:445-453.

⁸ Huhman M, Potter LD, Wong FL, Banspach SW, Duke JC & Heitzler CD (2005). Effects of a Mass Media Campaign to Increase Physical Activity Among Children: Year-1 Results of the VERB Campaign. *Pediatrics* 2005;116:e277 DOI: 10.1542/peds.2005-0043.

SECTION III: WAVE 2 CONSUMER SURVEY FINDINGS

3.1 Demographics of Consumer Respondents

The survey asked consumer respondents to provide basic demographic information (see Appendix B: Consumer Survey, questions 47-55). Interviewers asked respondents to report the following demographic variables: age, sex, race, ethnicity and enrollment in Medicare and/or Medicaid. Respondents also indicated if they are currently seeking medical care, provide care for another person with a medical condition, or are a member of a patient group.

The age distribution of respondents was as follows: 43 percent were aged 18 to 44 years of age, 36 percent were 45 to 64 years of age, and 20 percent were 65 years of age or older. Approximately 55 percent of the respondents were male, 76 percent of the respondents identified as “White,” 31 percent reported themselves to be Medicare beneficiaries, and 15 percent reported that they were covered by Medicaid. Exhibit 9 summarizes the remaining demographic characteristics of the consumer survey respondents and includes national percentages of each population to provide a frame of reference.

Exhibit 9. Demographic Characteristics of the Consumer Survey Respondents

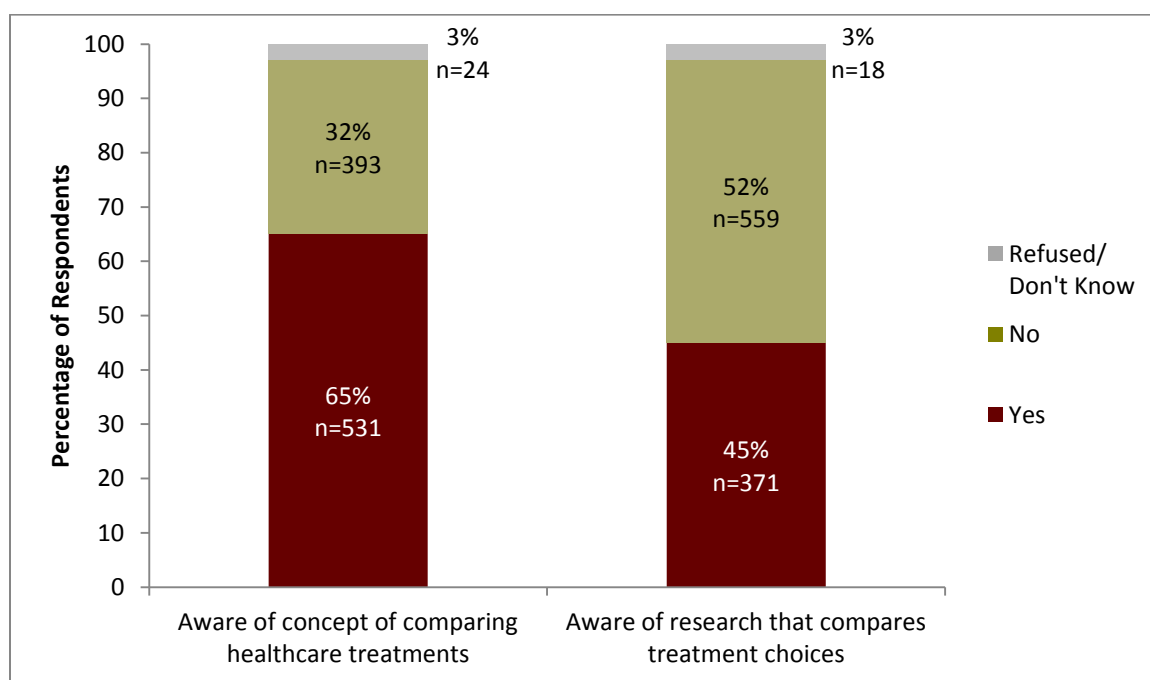
Demographic Category	Freq. N=948	Unweighted Percentage	Weighted Percentage	National Percentage
Sex				
Female	368	38.86	44.95	50.8
Male	576	60.82	54.87	49.2
Hispanic or Latino/a				
No	880	93.02	91.35	83.1
Yes	39	4.12	6.22	16.9
Refused/Don't Know	27	2.85	2.43	-
Race				
American Indian or Alaska Native	12	1.27	2.97	1.2
Asian	15	1.59	1.79	5.1
Black or African American	103	10.89	14.83	13.1
Native Hawaiian or Pacific Islander	3	0.32	0.18	0.2
Other	11	1.16	1.57	2.4
White	782	82.66	75.95	77.9
Refused/Don't Know	20	2.12	2.72	-
Medicare Beneficiary				
Yes	550	58.20	30.54	16
No	387	40.95	68.42	84
Refused/Don't know	8	0.85	1.04	-
Medicaid Beneficiary				
Yes	131	13.86	15.24	15.9
No	798	84.44	83.22	84.1
Refused/Don't know	16	1.69	1.54	-

3.2 Consumer Level of Awareness

3.2.1 Unaided Awareness of the Concept of Comparing Treatment Options among Consumers

The first set of questions on the consumer survey elicited information on consumers' unaided awareness of the concept of comparing treatment options. No definition or description of CER was provided prior to asking the initial or "unaided" awareness questions. Exhibit 10 shows the unaided awareness level of the consumer survey respondents. Approximately two-thirds of respondents (65 percent) reported that they had "heard of the concept of comparing health care treatments with your clinician to decide what options will work best for you." A smaller group, 45 percent, reported awareness of "research that can help compare treatment choices;" 52 percent were unaware of such research.

Exhibit 10. Consumer Respondents' Unaided Awareness of the Concept of Comparing Treatment Options⁹



Of the respondents who reported awareness of research comparing treatment options, 11 percent (n=34) indicated that they had heard of the research referred to "by a specific name." Of those who had heard of the research referred to by a specific name, only two respondents knew it as "comparative effectiveness research" and two identified this research as "patient-centered outcomes research," "PCOR," or "shared decisionmaking."

The IMPAQ team used a Chi-Square test to determine whether there were significant differences among different demographic groups and their unaided awareness of CER. Respondents who were between 18 and 44 years old (compared to aged 45 and older respondents), White (compared to Black and other races), and female (compared to male) were statistically more likely to be aware of

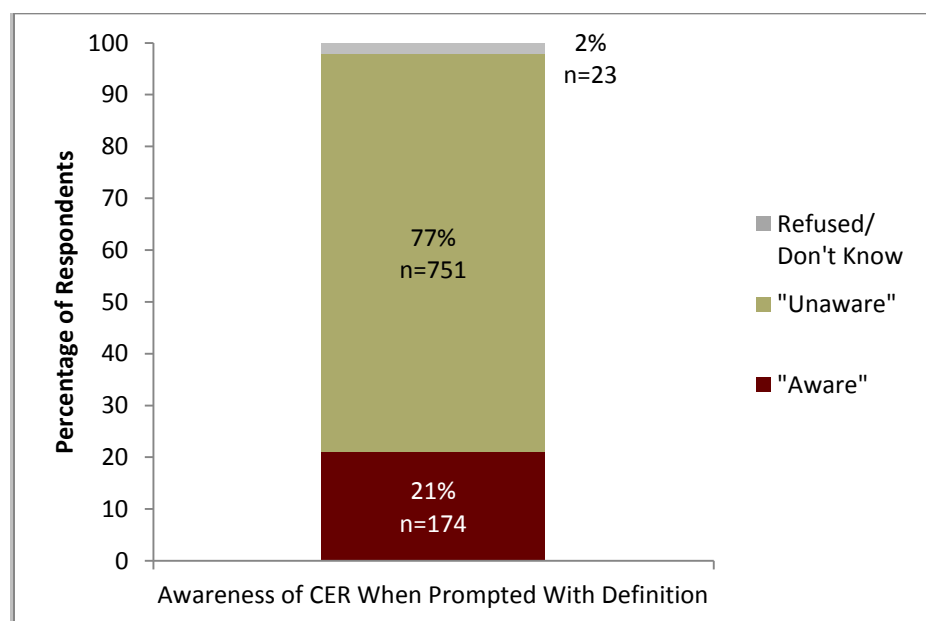
⁹ Note: Frequencies reflect raw numbers; percentages shown are weighted.

CER. Medicare beneficiaries, who comprised 31 percent of the consumer respondents, were statistically less likely than their non-enrollee counterparts to be aware of CER. Medicaid beneficiaries, who constituted 15 percent of consumer respondents, were also statistically less likely than non-enrollees to indicate unaided awareness of CER. See Appendix M (Exhibits M-1 – M-2) for the cross-tabulations.

3.2.2 Aided Awareness of CER among Consumers

To assess aided awareness of CER, the interviewers provided a definition of CER to respondents and then asked them if they had “ever heard of the existence of research that helps you compare treatment options.” Approximately 21 percent of respondents said they had, while 77 percent indicated that they were either unaware of CER. Exhibit 11 shows the aided awareness level of the consumer survey respondents.

Exhibit 11. Consumer Respondents’ Aided Awareness of CER¹⁰

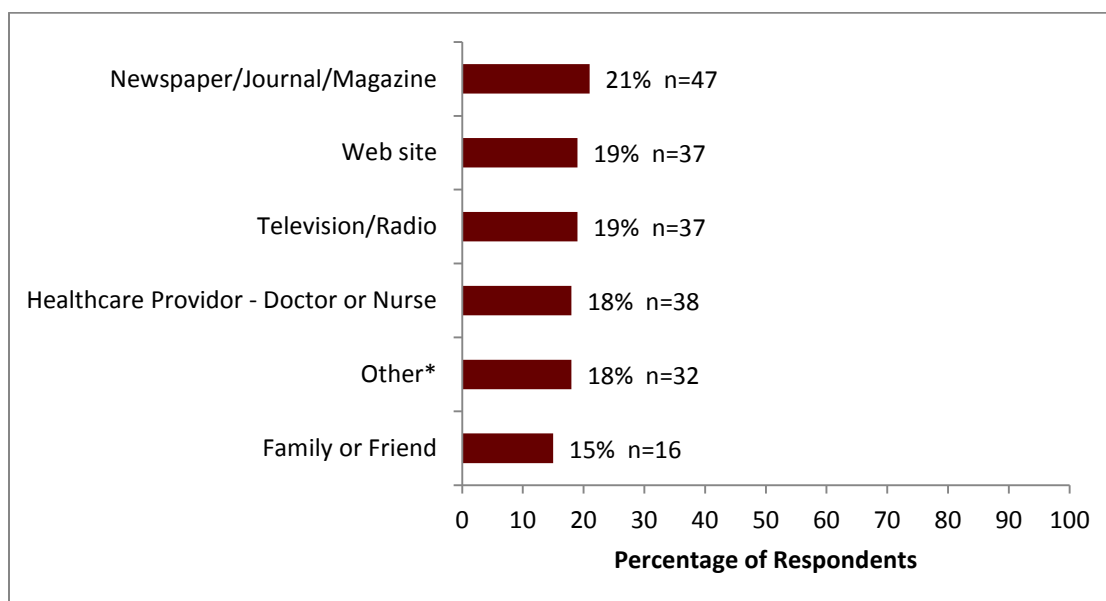


Of the 174 respondents indicating aided awareness of such research, 58 percent reported that they heard about it within the last nine months. Fifty-two percent indicated that the “information was related to a specific medical condition,” while 86 percent indicated that they are “aware that there is research on the evaluation of treatment options for specific medical conditions.”

As shown in Exhibit 12, when asked how they heard about this research, 21 percent of respondents who reported aided awareness cited print media as their primary source of information. Respondents indicated Web sites (19 percent) as the second most common source, followed by television/radio (19 percent) and their health care provider (18 percent).

¹⁰ Note: Frequencies reflect raw numbers; percentages shown are weighted.

Exhibit 12. Where Consumer Respondents Reporting Aided Awareness Learned of CER¹¹



*Wherever applicable, responses in the "Other" category were recoded into one of the existing categories.

The IMPAQ team used a Chi-Square test to determine whether there were significant differences among demographic groups and their aided awareness of CER. Similar to statistical findings for unaided awareness, respondents who are between 45 to 64 years old (compared to aged 18 to 44 and 65 and older respondents), Black (compared to White and other races), and female (compared to male) were statistically more likely to report aided awareness of CER. Medicare beneficiaries were statistically less likely than their non-enrollee counterparts to be aware of CER. Medicaid beneficiaries were also statistically less likely than non-enrollees to indicate awareness of CER. See Appendix M (Exhibits M-3) for the cross-tabulations.

3.2.3 Awareness of the Effective Health Care Program among Consumers

Of the 948 survey respondents, 11 percent reported having heard of AHRQ prior to the survey; seven percent of respondents reported that they had heard of the EHC Program, and three respondents had visited its Web site.

3.3 Consumer Level of Knowledge and Understanding

Those indicating that they had become aware of CER through their health care provider (n=40) were asked if their provider started the discussion. Of these, 21 respondents, or 51 percent, indicated that their provider had initiated the conversation about CER. Of respondents who learned about CER from a source other than a health care provider (n=134), 97 percent reported that they "understand how this research can be useful."

¹¹ Note: Frequencies reflect raw numbers; percentages shown are weighted.

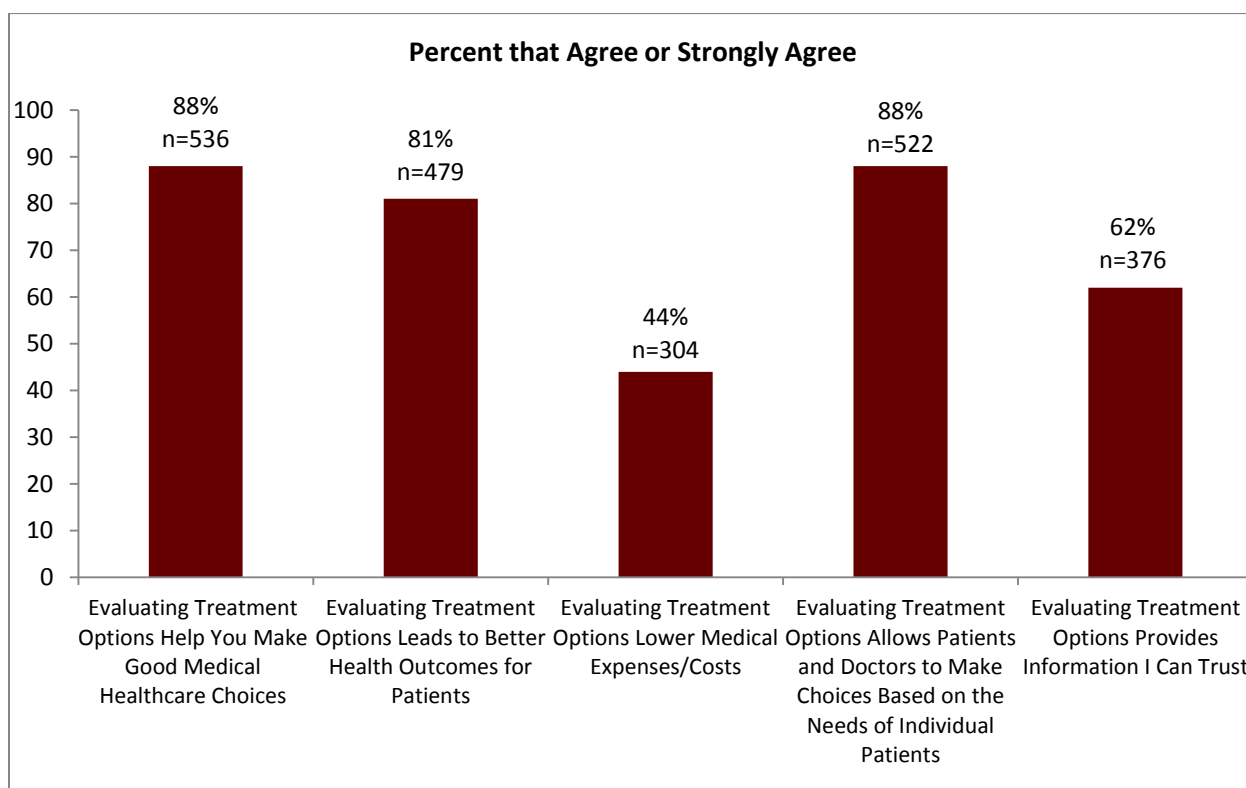
Interviewers asked respondents who reported awareness (unaided or aided) of CER and/or the EHC Program (n=598) if they could describe the idea of evaluating treatment options to a family member or friend; 68 percent indicated that they could.

3.4 Consumer Attitudes and Perceived Benefits of CER

3.4.1 Perceived Benefits of CER among Consumers

A majority of the 598 respondents who indicated awareness (unaided or aided) of CER and/or the EHC Program reported positive perceived benefits of CER (Exhibit 13). Eighty-eight percent of respondents who indicated unaided or aided awareness reported that evaluating treatment options provides information to help “make good medical health care choices;” similarly, 88 percent reported that evaluating treatment options “allows patients and doctors to make choices based on the needs of individual patients.” In addition, 81 percent indicated that decisions reached after evaluating treatment options “lead to better health outcomes for patients,” and 44 percent indicated that decisions reached after evaluating treatment options “lowers medical expenses/costs.”

Exhibit 13. Perceived Benefits of CER among “Aware”¹² Consumer Respondents¹³



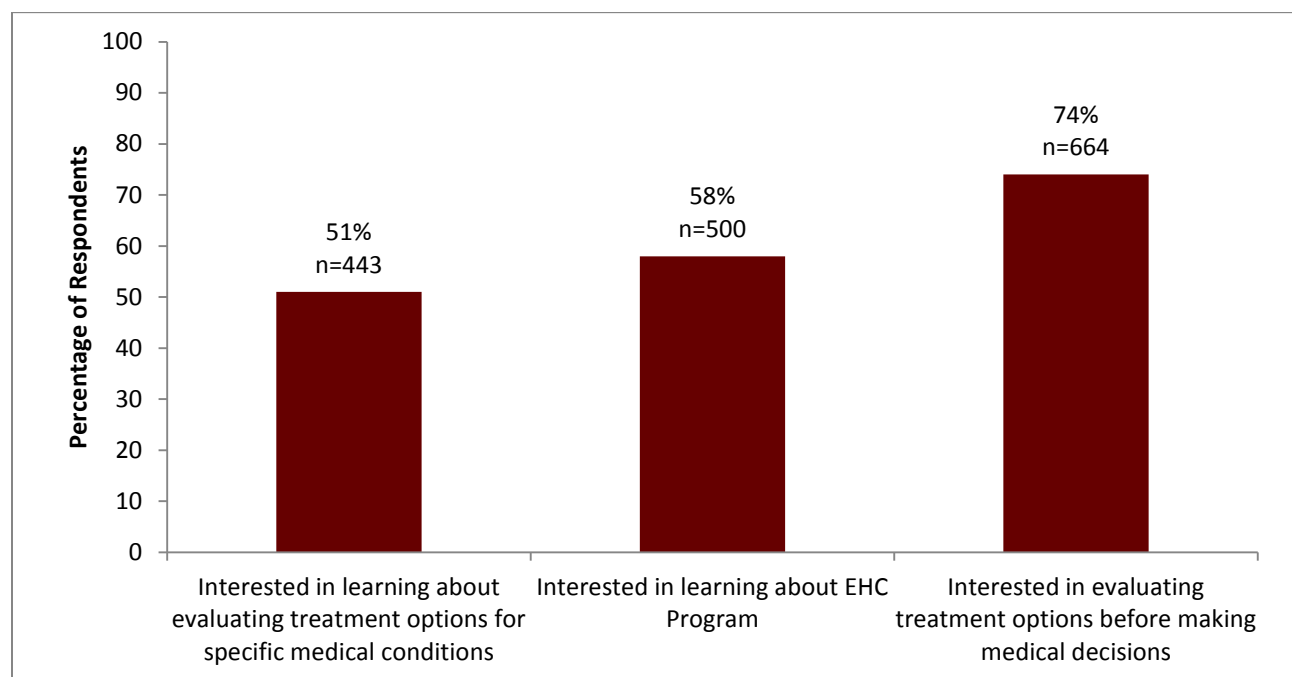
¹² “Aware” refers to those respondents who indicated unaided or aided awareness of CER and/or awareness of the EHC Program.

¹³ Note: Frequencies reflect raw numbers; percentages shown are weighted.

3.4.2 Interest in Learning about CER among Consumers

As shown in Exhibit 14, the majority of the 948 respondents were interested in evaluating treatment options before making medical decisions (74 percent), while fewer were interested in learning more about evaluating treatment options for specific conditions (51 percent). More than half of the respondents (58 percent) expressed interest in learning about the EHC Program.

Exhibit 14. Interest in Learning More about CER among Consumer Respondents¹⁴



3.5 Consumer Level of Behavior Change and Use of CER

3.5.1 Use of CER among Consumers

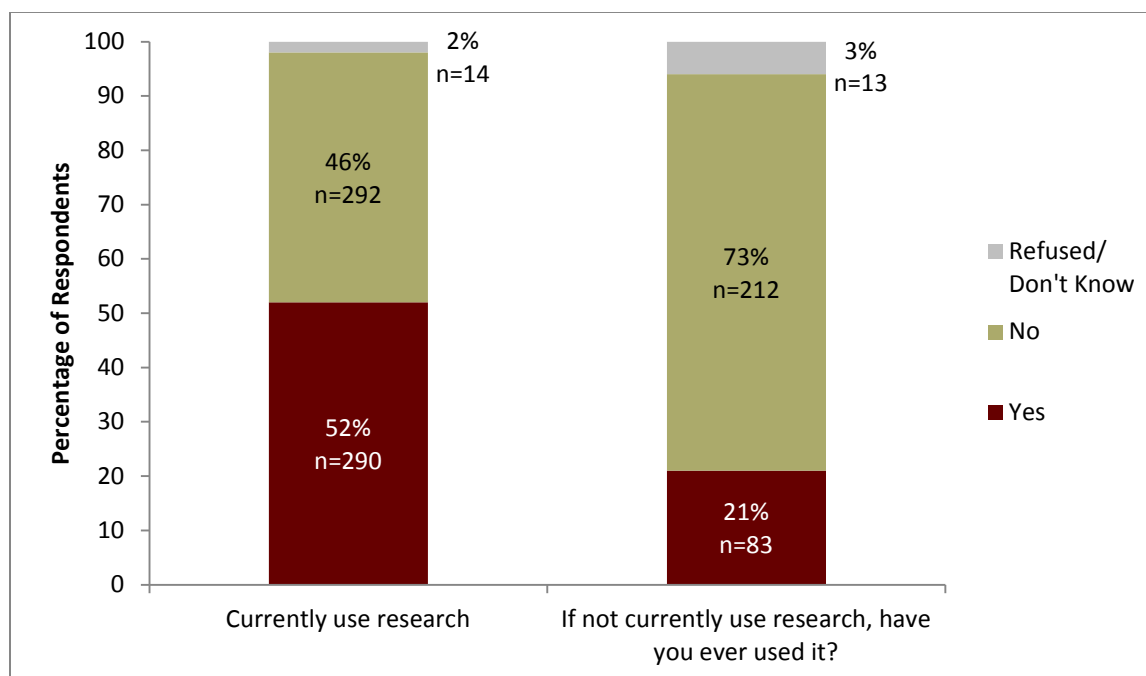
Of the 598 respondents who indicated awareness (unaided or aided) of CER and/or the EHC Program, 52 percent currently use research to help make medical decisions (see Exhibit 15). If they were not currently using CER, interviewers asked if respondents had ever used it to help make a medical decision and 21 percent (n=308) reported that they had used it in the past. Of that group, 51 respondents indicated that they used it more than twelve months ago while 32 respondents reported that they used it within the last twelve months.

Using a Chi-Square test to determine whether there were significant differences among different demographic groups and their current use of CER, the team found that 18 to 44 year olds (compared to respondents aged 45 and older), Blacks (compared to Whites and other races), and females (compared to males) were statistically significantly more likely to use CER. Medicare beneficiaries were statistically more likely than their non-Medicare enrollee counterparts to use CER; however,

¹⁴ Note: Frequencies reflect raw numbers; percentages shown are weighted.

Medicaid beneficiaries were statistically less likely than non-enrollees to report use of CER. See Appendix M (Exhibit M-4) for the cross-tabulations

Exhibit 15. “Aware”¹⁵ Consumer Respondents’ Current or Previous Use of Research Comparing Treatment Options¹⁶



Additionally, the IMPAQ team found that 11 percent of the 598 respondents reporting awareness (unaided or aided) of CER and/or the EHC Program indicated that they were also aware of AHRQ’s consumer summaries, which are available from AHRQ’s EHC Program Web site. Of the 70 respondents who were aware of the consumer summaries, 26 individuals reported actually using them when making health care decisions.

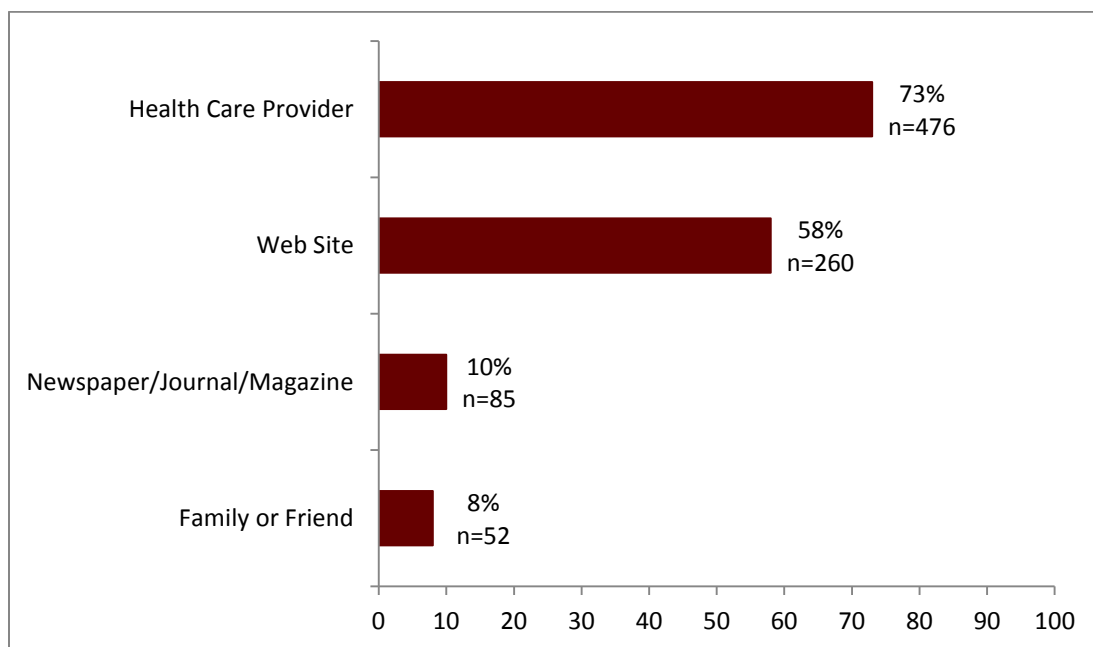
The IMPAQ team used a Chi-Square test to determine whether there were significant differences among different demographic groups and their awareness of consumer summaries. The team found that respondents who were 65 years and older (compared to 18 to 64 year olds), Black (compared to Whites and other races), and female (compared to males) were statistically more likely to be aware of consumer summaries. Medicare beneficiaries were statistically more likely than non-enrollees to be aware of consumer summaries. Similarly, Medicaid beneficiaries were statistically more likely than non-enrollees to indicate awareness of consumer summaries. See Appendix M (Exhibit M-5) for the cross-tabulations.

We asked all 598 respondents who reported awareness (unaided or aided) of CER and/or the EHC Program where they prefer to obtain medical information. As shown in Exhibit 16, most identified a health care provider (73 percent) and the Internet (58 percent).

¹⁵ “Aware” refers to those respondents who indicated unaided or aided awareness of CER and/or awareness of the EHC Program.

¹⁶ Note: Frequencies reflect raw numbers; percentages shown are weighted.

Exhibit 16. Where “Aware”¹⁷ Consumer Respondents Prefer to Get Medical Information¹⁸



3.5.2 Intention to use CER among Consumers

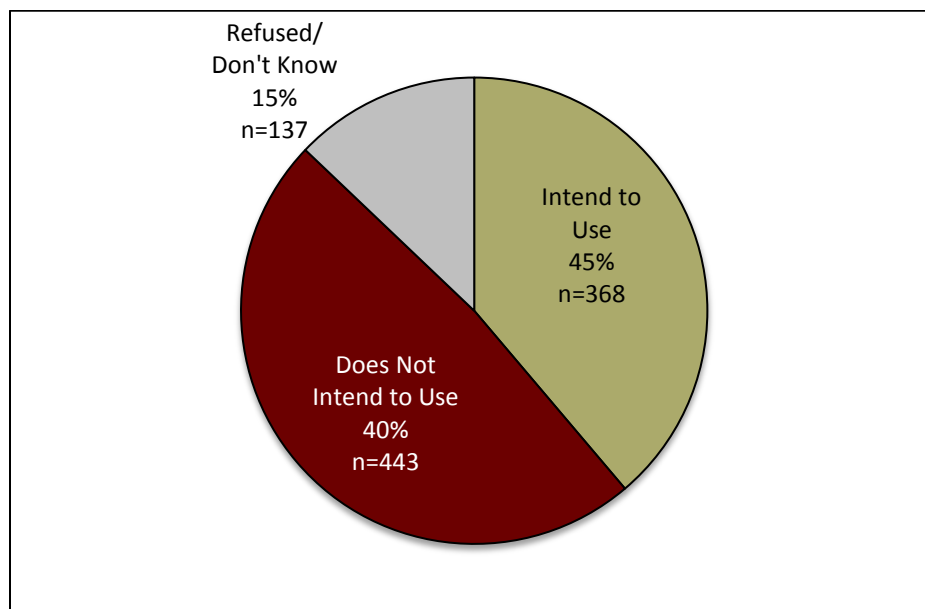
As shown in Exhibit 17, 45 percent of all 948 respondents indicated that they intend to use either AHRQ’s consumer summaries or other studies that evaluate treatment options within the next year to prepare for a medical visit or make medical decisions for themselves, a family member, or a close friend.

The IMPAQ team used a Chi-Square test to determine whether there were significant differences among different demographic groups and their intention to use consumer summaries. The team found that 18 to 44 year olds (compared to aged 45 and older respondents), Black respondents (compared to Whites and other races), and females (compared to males) were more likely to report an intention to use consumer summaries. Medicare beneficiaries were statistically less likely than their non-enrollee counterparts to report intention to use consumer summaries. However, Medicaid beneficiaries were statistically more likely than non-enrollees to indicate intention to use consumer summaries. See Appendix M (Exhibit M-6) for the cross-tabulations.

¹⁷ “Aware” refers to those respondents who indicated unaided or aided awareness of CER and/or awareness of the EHC Program.

¹⁸ Note: Frequencies reflect raw numbers; percentages shown are weighted.

Exhibit 17. Intention to Use CER among Consumer Respondents¹⁹



3.6 Consumer Exposure to Dissemination Strategies

Of the 559 respondents who reported unaided and/or aided awareness of CER, 11 percent indicated that, in the past six months, they had seen links to the EHC Program Web site or information comparing treatment options on a Web site. Of the 413 respondents who reported that they were a member of an organization that provides information about health care, 17 percent said the organization informed them about the EHC Program or about CER.

¹⁹ Note: Frequencies reflect raw numbers; percentages shown are weighted.

SECTION IV: WAVE 2 CLINICIAN SURVEY FINDINGS

4.1 Demographics of Clinician Respondents

Respondents were asked to provide basic demographic information and describe their clinical practice area (see Appendix C: Clinician Survey Questionnaire, questions 1-12). The questionnaire asked respondents to report the following demographic variables: age, sex, race, ethnicity, and state of residence. In addition to these characteristics, the questionnaire asked respondents to describe their clinical practice, including clinician type (physician, physician assistant, nurse practitioner, nurse, pharmacist, or other). Only physicians, physician assistants and nurse practitioners were included in the sample. Respondents also reported the number of years they had been in clinical practice (including time in residency or fellowship), the type of site in which they practice, and the number of clinical staff providing direct care at their primary facility. Physicians additionally reported their primary clinical specialty and their clinical subspecialty. Lastly, the questionnaire asked respondents to report the average number of hours per week spent on direct patient care. Only those clinicians with 8 or more hours per week in clinical practice were eligible to complete the remainder of survey.

Exhibit 18 summarizes the key demographic variables by clinician type. The respondents mean age was 46.8 years. Most of the sample was female (70 percent). However, more physicians were male than female (53 percent compared to 47 percent), while the majority of physician assistants (66 percent) and nurse practitioners (93 percent) were female. The majority of the sample was non-Hispanic (94 percent) and White (84 percent). Clinicians from all 50 states responded to the survey. Distribution of clinician survey respondents by the U.S. Department of Health and Human Services' regions is included in Appendix N.

On average, clinicians had been practicing for 14.6 years, with physicians, on average, having more years of experience (16.1 years) than physician assistants (15.5 years) and nurse practitioners (14.6 years). Among the 468 physicians, 34 percent indicated that they specialized in family medicine, 29 percent in general internal medicine, 20 percent in pediatrics, 10 percent in obstetrics/gynecology, and seven percent in another specialty.

Across all the respondents, just over one third (37 percent) worked in a private practice office; ten percent worked in an ambulatory care clinic of a hospital or medical center and twelve percent in a hospital. The remaining half of clinician respondents worked across the variety of practice sites listed. Across all participants, the median clinician and non-clinician staff size was ten. Respondents spent an average of 35 hours per week in direct patient care.

Exhibit 18. Demographic Characteristics of the Clinician Survey Respondents

Demographic Category	Clinician Type							
	Physician (n=468)		Physician Assistant (n=558)		Nurse Practitioner (n=542)		Total* (n=1,568)	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Age (in years)								
Mean	47.04		45.37		47.92		46.75	
Standard Deviation	12.45		11.47		11.01		11.66	
N	468		558		542		1,568	
Sex								
Female	219	46.7	369	65.9	507	93.2	1,095	69.6
Male	250	53.3	191	34.1	37	6.8	478	30.4
Total	469	100	560	100	544	100	1,573	100
Hispanic or Latino/a								
No	445	94.5	514	92.4	520	95.8	1479	94.2
Yes	26	5.5	42	7.6	23	4.2	91	5.8
Total	471	100	556	100	543	100	1,570	100
Race								
American Indian or Alaska Native	5	1.1	6	1.1	7	1.3	18	1.1
Asian	91	19.3	25	4.5	25	4.6	141	9
Black or African American	23	4.9	21	3.8	32	5.9	76	4.8
Native Hawaiian or other Pacific Islander	0	0	3	0.5	2	0.4	5	0.3
White	355	75.4	494	88.2	481	88.4	1,330	84.4
No response provided	5	1.1	18	3.2	4	0.7	27	1.7
Years in Practice								
Mean	16.13		15.54		12.34		14.62	
Standard Deviation	12.31		9.68		9.29		10.54	
N	469		560		534		1,563	

*Respondents could choose not to answer any question; base sizes reflect the number of respondents who answered the question.

4.2 Clinician Level of Awareness

4.2.1 Unaided Awareness of CER among Clinicians

To elicit information on clinicians' unaided awareness of CER, the questionnaire provided a brief description of the research and asked respondents if they recall seeing or hearing about it. Specifically, the questionnaire asked clinicians if they "had ever heard about types of research that are designed to help you make treatment decisions with your patients by comparing the benefits and harms of different treatment options." When asked if they had ever heard about research that fit this description, 41 percent of clinician respondents indicated that they had, while approximately one third (29.6 percent) indicated they had not. Twenty-nine percent were unsure if they had heard of research that fit this description.

For those who answered yes to the initial unaided question, a follow-up open-ended question asked clinician respondents to identify what this type of research is called. The IMPAQ team compiled and reviewed the verbatim responses to develop a set of codes, which the team used to code and analyze all responses. Those respondents who indicated that they had heard of this type of research (n=619) were asked to identify what the research was called. Each respondent could mention one name, multiple names, or indicate “don’t know” or provide no response. All responses were coded; thus, the number of responses exceeds the number of respondents. Respondents identified 792 names for the research from the 619 respondents in the dataset. Across respondent types, “evidence-based” (n=409) was most commonly used phrase to describe this type of research. Within this category, 268 of the 409 responses included the term “evidence-based medicine,” 57 listed “evidence-based” with no further description, 45 included “evidence-based research,” 39 referenced “evidence-based practice or treatment,” and 55 mentioned a methodology-related to the collection or analysis of the evidence. Less commonly used were the terms “comparative effectiveness” (n=58) or “patient-centered” (n=42). Thirty-five individuals indicated that they were unsure or did not remember the name of the research.

4.2.2 Aided Awareness of CER among Clinicians

To assess aided awareness, the questionnaire provided the names of several types of research and asked respondents if they recognize each type. The IMPAQ team used a four-point scale to measure familiarity with terms of interest (i.e., “not at all familiar/never heard of it,” “have heard the name but not familiar,” “somewhat familiar,” and “mostly/very familiar”). For analytic purposes, the four-point scale was collapsed into two awareness categories: aware (“somewhat familiar” and “mostly/very familiar”) and unaware (“not at all familiar/never heard of it” and “have heard the name but not familiar”).

As shown in Exhibits 19 and 20, when the IMPAQ team asked respondents to indicate their familiarity with several types of research that help them make treatment decisions based on comparisons of benefits and harms of different options, fewer than 20 percent of the respondents were familiar with the term “comparative effectiveness research (CER).” Over half (52 percent) reported they had never heard of or were not familiar with the term, while slightly more than a quarter (29 percent) reported they had heard the term but were not sure of its meaning.

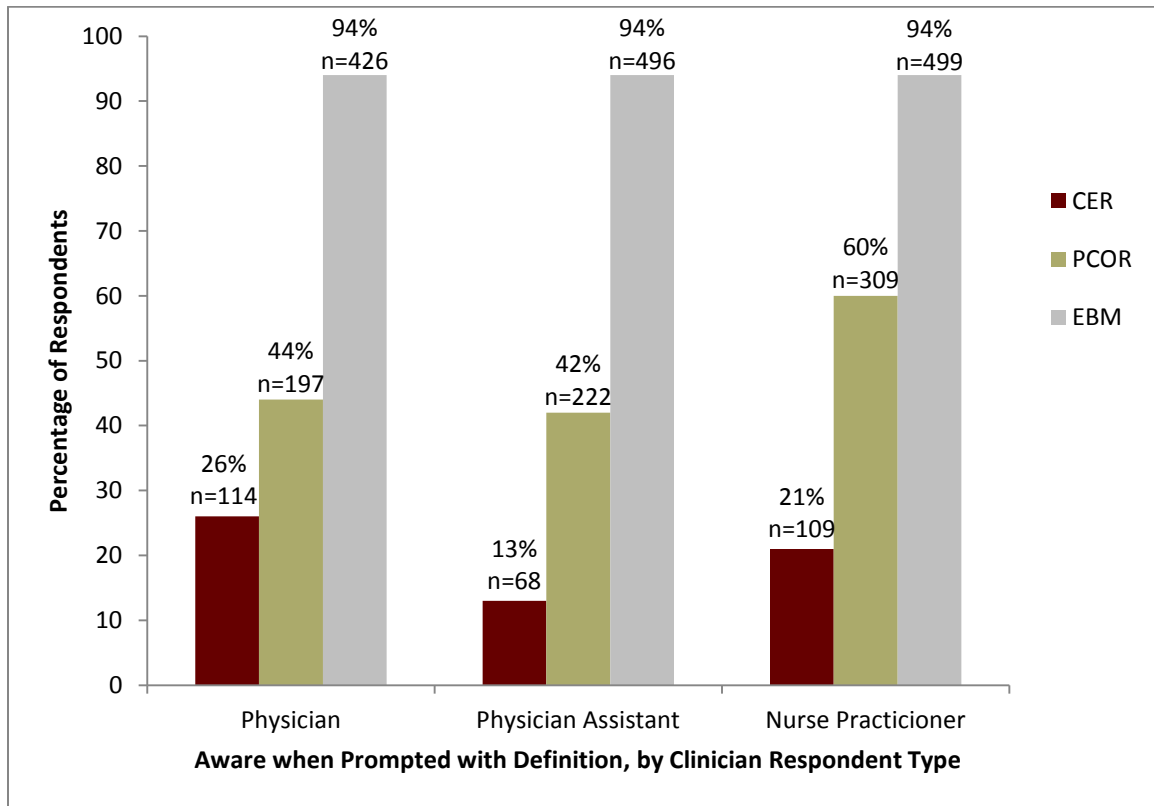
Clinicians indicated greater familiarity with the terms “evidence-based medicine,” “patient-centered outcomes research,” or “PCOR” than CER. Ninety-four percent were mostly or very familiar with evidence-based medicine (EBM). Forty-nine percent of clinicians were mostly or very familiar with PCOR; 21 percent reported that they had never heard of or were not familiar with the term. Approximately one-third (31 percent) reported they had heard the term but were not sure what it meant.

Exhibit 19. Aided Awareness of CER, PCOR, and EBM by Clinician Respondent Type

Types of Research	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total*	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Comparative Effectiveness Research								
<i>Aware</i>	114	25.7	68	13.1	109	21.1	291	19.7
Mostly/ Very familiar	30	6.8	11	2.1	20	3.9	61	4.1
Somewhat familiar	84	18.9	57	11	89	17.2	230	15.5
<i>Unaware</i>	330	74.3	452	86.9	407	78.9	1,189	80.3
Have heard the name but not familiar	132	29.7	152	29.2	139	26.9	423	28.6
Not at all familiar / never heard of it	198	44.6	300	57.7	268	51.9	766	51.8
<i>Total</i>	444	100	520	100	516	100	1,480	100
Patient-Centered Outcomes Research								
<i>Aware</i>	197	44	222	42.4	309	59.5	728	48.8
Mostly/ Very familiar	57	12.7	66	12.6	116	22.4	239	16
Somewhat familiar	140	31.3	156	29.8	193	37.2	489	32.8
<i>Unaware</i>	251	56	302	57.6	210	40.5	763	51.2
Have heard the name but not familiar	152	33.9	175	33.4	130	25	457	30.7
Not at all familiar / never heard of it	99	22.1	127	24.2	80	15.4	306	20.5
<i>Total</i>	448	100	524	100	519	100	1,491	100
Evidence-based Medicine								
<i>Aware</i>	426	93.6	496	93.6	499	94.2	1,421	93.8
Mostly/ Very familiar	349	76.7	359	67.7	424	80	1,132	74.7
Somewhat familiar	77	16.9	137	25.8	75	14.2	289	19.1
<i>Unaware</i>	29	6.4	34	6.4	31	5.8	94	6.2
Have heard the name but not familiar	17	3.7	25	4.7	12	2.3	54	3.6
Not at all familiar / never heard of it	12	2.6	9	1.7	19	3.6	40	2.6
<i>Total</i>	455	100	530	100	530	100	1,515	100

*Respondents could choose not to answer any question; base sizes reflect the number of respondents who answered the question.

Exhibit 20. Aided Awareness of CER, PCOR, and EBM by Clinician Respondent Type



As indicated in Exhibit 21, respondents were asked to indicate their familiarity with several other types of research that help them make treatment decisions based on comparisons of benefits and harms of different options. For example, 89 percent of respondents were unfamiliar with the term “health technology assessment.” Respondents were also unfamiliar with the two items included to measure “ghost” awareness: comparative treatment analysis (78 percent) and risk benefits research (66 percent).

Exhibit 21. Aided Awareness of Other Types of Research by Clinician Respondent Type

Types of Research	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total*	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Health Technology Assessment								
<i>Aware</i>	51	11.6	41	8	67	13.3	159	11
Mostly/ Very familiar	11	2.5	8	1.6	14	2.8	33	2.3
Somewhat familiar	40	9.1	33	6.5	53	10.5	126	8.7
<i>Unaware</i>	387	88.4	469	92	436	86.7	1,292	89
Have heard the name but not familiar	123	28.1	133	26.1	130	25.8	386	26.6
Not at all familiar / never heard of it	264	60.3	336	65.9	306	60.8	906	62.4
<i>Total</i>	438	100	510	100	503	100	1,451	100
Comparative Treatment Analysis								
<i>Aware</i>	94	21.6	97	18.8	124	24.3	315	21.6
Somewhat familiar	71	16.3	75	14.6	100	19.6	246	16.8
Mostly/ Very familiar	23	5.3	22	4.3	24	4.7	69	4.7
<i>Unaware</i>	342	78.4	418	81.2	386	75.7	1,146	78.4
Not at all familiar / never heard of it	212	48.6	238	46.2	241	47.3	691	47.3
Have heard the name but not familiar	130	29.8	180	35	145	28.4	455	31.1
<i>Total</i>	436	100	515	100	510	100	1,461	100
Risk Benefits Research								
<i>Aware</i>	145	32.5	145	27.8	218	41.9	508	34.1
Somewhat familiar	98	22	111	21.3	149	28.7	358	24.1
Mostly/ Very familiar	47	10.5	34	6.5	69	13.3	150	10.1
<i>Unaware</i>	301	67.5	377	72.2	302	58.1	980	65.9
Not at all familiar / never heard of it	169	37.9	214	41	156	30	539	36.2
Have heard the name but not familiar	132	29.6	163	31.2	146	28.1	441	29.6
<i>Total</i>	446	100	522	100	520	100	1,488	100

*Respondents could choose not to answer any question; base sizes reflect the number of respondents who answered the question.

As shown in Exhibit 22, among those who reported having heard of or read about CER, the most common sources of exposure were an article in a medical or science journal (24 percent), conference or professional meeting (17 percent), a continuing education course (11 percent), and colleagues (9 percent). Approximately ten percent could not remember where they had heard of CER.

Exhibit 22. Sources of Awareness of CER by Clinician Respondent Type

Source	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Nowhere-never heard of CER	216	45.9	306	54.6	261	48	783	49.7
I've heard of it before, but don't know where	55	11.7	49	8.8	45	8.3	149	9.5
Article in a medical/science journal	130	27.6	115	20.5	133	24.4	378	24
Advertisement in journal or trade magazines	15	3.2	13	2.3	12	2.2	40	2.5
Web site	36	7.6	27	4.8	40	7.4	103	6.5
Conference or professional meeting	84	17.8	76	13.6	111	20.4	271	17.2
Colleagues	49	10.4	41	7.3	54	9.9	144	9.1
Employer	5	1.1	13	2.3	18	3.3	36	2.3
Advertisement on TV, radio, or in a store	3	0.6	2	0.4	4	0.7	9	0.6
Educational visit at your place of practice by a trained professional	10	2.1	13	2.3	15	2.8	38	2.4
Article in a newspaper or magazine or story on TV news	13	2.8	9	1.6	4	0.7	26	1.7
Through a continuing education course	46	9.8	54	9.6	75	13.8	175	11.1
Other	11	2.3	7	1.3	22	4	40	2.5
No response provided	8	1.7	19	3.4	11	2	38	2.4

4.2.3 Awareness of AHRQ and the EHC Program among Clinicians

Over one-third (38 percent, n=592) of the clinicians were aware of AHRQ. We described the EHC Program for respondents before probing their awareness. The description read: “The Effective Health Care Program funds individual researchers, research centers, and academic organizations to work together with the Agency for Healthcare Research and Quality (AHRQ) to produce effectiveness and comparative effectiveness research, types of patient-centered outcomes research, for clinicians, consumers, and policymakers.” As indicated in Exhibit 23, the vast majority of clinicians (88 percent, n=1,368) were unaware of the EHC Program. We also asked respondents if they were aware of the EHC Program’s Web site, and, interestingly, 17 percent of respondents reported that they “had heard of” the Web site.

Exhibit 23. Awareness of AHRQ, EHC Program, and the Eisenberg Center

Agency, Program, or Product	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
AHRQ								
<i>Aware</i>	164	35	139	25.1	289	53.4	592	37.9
Mostly/ Very familiar	42	9.0	18	3.2	90	16.6	150	9.6
Somewhat familiar	122	26.0	121	21.8	199	36.8	442	28.3
<i>Unaware</i>	305	65	415	74.9	252	46.6	972	62.1
Have heard the name but not familiar	169	36.0	225	40.6	191	35.3	585	37.4
Not at all familiar / never heard of it	136	29.0	190	34.3	61	11.3	387	24.7
<i>Total</i>	469	100	554	100	541	100	1,564	100
EHC Program								
<i>Aware</i>	51	11	45	8.1	94	17.5	190	12.2
Mostly/ Very familiar	4	0.9	2	0.4	7	1.3	13	0.8
Somewhat familiar	47	10.1	43	7.7	87	16.2	177	11.4
<i>Unaware</i>	414	89	511	91.9	443	82.5	1,368	87.8
Have heard the name but not familiar	146	31.4	197	35.4	221	41.2	564	36.2
Not at all familiar / never heard of it	268	57.6	314	56.5	222	41.3	804	51.6
<i>Total</i>	465	100	556	100	537	100	1,558	100
Eisenberg Center								
<i>Aware</i>	7	1.5	3	0.5	7	1.3	17	1.1
Mostly/ Very familiar	0	0	1	0.2	0	0	1	0.1
Somewhat familiar	7	1.5	2	0.4	7	1.3	16	1
<i>Unaware</i>	462	98.5	555	99.5	536	98.7	1,553	98.9
Have heard the name but not familiar	36	7.7	33	5.9	40	7.4	109	6.9
Not at all familiar / never heard of it	426	90.8	522	93.5	496	91.3	1,444	92
<i>Total</i>	469	100	558	100	543	100	1,570	100

Seventeen clinicians (one percent) reported that they were familiar with the Eisenberg Center. The complete results of awareness of AHRQ, the EHC Program, and the Eisenberg Center, by clinician respondent type, can be found in Appendix O, Table 1.

4.3 Clinician Level of Knowledge and Understanding

4.3.1 Clinician CER Knowledge Score

To assess knowledge and understanding of CER, respondents who reported that they had heard of or read about CER were asked to indicate which of a series of 11 attributes reflected principles of CER (see Appendix C: Clinician Survey Questionnaire, question 19). As indicated in Exhibit 24, respondent were asked whether they thought a set of attributes were true of CER.

Exhibit 24. Clinician Scores on CER Attributes

Attribute	Description	Is this an accurate statement?	Percent answering the question correctly
Attribute 1.	Compares effectiveness and risks of established and emerging treatments.	Yes	78%
Attribute 2.	Addresses treatments for common chronic medical conditions.	Yes	70%
Attribute 3.	Includes reviews of existing scientific literature.	Yes	77%
Attribute 4.	Includes new studies based on analyses of health care databases.	Yes	53%
Attribute 5.	Includes new scientific studies testing the efficacy of specific new medical treatments or technologies.	No	9%
Attribute 6.	Is conducted by pharmaceutical companies and medical device manufacturers.	No	24%
Attribute 7.	Intended to support informed decisionmaking.	Yes	79%
Attribute 8.	Addresses treatments for acute medical conditions.	No	8%
Attribute 9.	Identifies areas of clinical uncertainty and gaps in the scientific literature.	Yes	46%
Attribute 10.	Intended to assist in shared decisionmaking between clinicians and individual patients.	Yes	70%
Attribute 11.	Provides specific clinical practice recommendations for medical conditions.	No	14%

The IMPAQ team calculated a CER Knowledge Scale based on correct answers to each of the 11 items. A correct answer was scored as 1; an incorrect or "Not Sure" response was scored as 0. The team then summed the scores for each respondent to ascertain individual CER Knowledge Scale scores.

Among the 746 clinicians who responded to all 11 items, the CER Knowledge Scale ranged from 0 to 10 (that is, no respondent answered all of the questions correctly, as would have been indicated by a Knowledge Scale score of 11), with a mean score of 5.23 and a standard deviation of 2.57.

The majority of these respondents identified the correct attributes (six of the eleven attributes). Among respondents' incorrect answers were several notable findings. More than half (55 percent) ascribed Attribute 5 ("Includes new scientific studies testing the efficacy of specific new medical treatments or technologies") to CER, while approximately one-third (37 percent) indicated they were not sure whether this statement described CER. Similarly, 16 percent of respondents answered affirmatively to Attribute 6 ("Is conducted by pharmaceutical companies and medical device manufacturers") while 60 percent were unsure who conducts CER studies. Lastly, approximately half of the respondents who answered the knowledge scale items indicated that CER addresses treatments for acute medical conditions (53 percent) and provides specific clinical practice recommendations for medical conditions (44 percent). The complete results of CER knowledge scores, by clinician respondent type, can be found in Appendix O, Table 2.

4.3.2 Clinician EHC Program Knowledge Score

Similarly, the IMPAQ team developed an EHC Program Knowledge Scale consisting of 12 items to assess knowledge and understanding of the EHC Program (see Appendix C: Clinician Survey Questionnaire, question 26). As indicated in Exhibit 25, respondent were asked whether they thought a set of characteristics were true of the EHC Program.

Exhibit 25. Clinician Scores on EHC Program Characteristics

Characteristics	Description	Is this an accurate statement?	% answering the question correctly
Characteristic 1.	Is co-sponsored by private health care and medical technology firms.	No	28%
Characteristic 2.	Funds and conducts comparative effectiveness research in the U.S.	Yes	83%
Characteristic 3.	Funds the development of new treatments.	No	35%
Characteristic 4.	Screens all sponsored researchers for conflicts of interest.	Yes	63%
Characteristic 5.	All reports are posted for public comment.	Yes	51%
Characteristic 6.	All reports are peer reviewed.	No	3%
Characteristic 7.	Is sponsored by AHRQ.	Yes	83%
Characteristic 8.	Open for public participation.	Yes	43%
Characteristic 9.	Uses transparent and clearly documented processes.	Yes	69%
Characteristic 10.	Includes clinicians as a target audience for research results.	Yes	74%
Characteristic 11.	Includes consumers/patients as a target audience for research results.	Yes	60%
Characteristic 12.	Includes policymakers as a target audience for research results.	Yes	48%

A correct answer was scored as 1, and an incorrect or "Not Sure" response was scored as 0. The team then summed the scores for each respondent to get the CER Knowledge Scale, with a potential range of zero to 12. Among the 183 clinicians who indicated they had heard of the EHC Program and provided answers to all 12 items, the EHC Program Knowledge Scale ranged from 0 to 12, with a mean of 6.32 and a standard deviation of 3.00.

The majority of these respondents correctly identified the characteristics that are indeed accurate (eight of the twelve). Fewer respondents correctly identified Characteristic 6 ("All reports are peer reviewed") and Characteristic 8 ("Open for public participation"): 3 percent and 43 percent, respectively. Approximately one-third of respondents agreed with Characteristic 1 ("Is co-sponsored by private health care and medical technology firms"), while over one half (54 percent) were unsure. Similarly, approximately one-third (29 percent) agreed with Characteristic 3 ("Funds the development of new treatments"), while 35 percent did not, and 37 percent were not sure. Over three-quarters correctly identified Characteristic 7 ("Is sponsored by AHRQ") and Characteristic 2 ("Funds and conducts comparative effectiveness research in the US"). The complete results of EHC Program knowledge scores, by clinician respondent type, can be found in Appendix O, Table 3.

4.4 Clinician Attitudes and Perceived Benefits of CER

The IMPAQ team used 12 statements to assess attitudes and benefits of CER and one to assess attitudes and benefits of the EHC Program (see Appendix C: Clinician Survey Questionnaire, questions 20, 21, 22, and 36). To assess attitudes and perceived benefits of CER, respondents were asked to indicate, on a 5-point scale, the extent to which they agreed or disagreed with a series of 12 statements about CER in clinical decision making. These statements asked if CER:

- | | |
|---------------|--|
| Statement 1. | Is neutral and unbiased. |
| Statement 2. | Is scientifically rigorous. |
| Statement 3. | Provides findings that are descriptive, not prescriptive. |
| Statement 4. | Provides objective information about drugs, medical equipment, and treatments. |
| Statement 5. | Provides findings that support informed decisionmaking. |
| Statement 6. | Highlights current evidence about effectiveness, risks, and side effects. |
| Statement 7. | Identifies areas of clinical uncertainty and gaps in the scientific literature. |
| Statement 8. | Includes confidence ratings on evidence in its reports, products, and materials. |
| Statement 9. | Helps me deliver better health care to my patients. |
| Statement 10. | In general, medical decisions based on comparative effectiveness research lead to better patient outcomes. |
| Statement 11. | Medical decisions based on comparative effectiveness research are more cost effective in the long run. |
| Statement 12. | Leads to shared decisionmaking between clinicians and individual patients. |

This set of items was treated as a "Perceived Benefits" of CER scale and scored from -2 (Strongly Disagree) to +2 (Strongly Agree) so that positive scores would reflect more favorable attitudes

toward CER and negative scores would reflect less favorable attitudes (with zero reflecting neutrality). A scale score was calculated per respondent based on the average agreement rating across all 12 items. Cronbach's alpha for the scale was 0.92.

Respondents' scores skewed toward the positive end of the scale across the 12 statements (mean of 0.56), with most respondents choosing "agree" or "neither agree nor disagree" to the statements. Fewer than seven percent of respondents indicated that they "disagreed" or "strongly disagreed" with the statements, and approximately ten percent of respondents "strongly agreed" with the statements. The statements that garnered the most agreement (either "strongly agree" or "agree") from respondents were Statement 5 (73 percent) and Statement 6 (72 percent). The complete results of perceived benefits of CER, by clinician respondent type, can be found in Appendix O, Table 4.

We also measured respondents' general attitudes towards CER use in clinical decisionmaking using a seven-item, five-point semantic differential scale using seven paired adjectives. Scale items included the following paired adjectives: beneficial/not beneficial; helpful/not helpful; easy to understand/hard to understand; objective/biased; credible/not credible; trustworthy/not trustworthy; and extremely valuable/not valuable. Responses were coded from "+1" to "+5" with the higher number reflecting the adjective associated with a positive attitude toward CER. An average scale score was calculated for each respondent. Cronbach's alpha for this scale was 0.83.

Responses skewed toward the positive adjective in each pair (mean of 3.73, standard deviation of 0.59), suggesting slightly positive attitudes among respondents who had heard of CER. The complete set of scores reflecting general attitudes towards using CER in clinical decisionmaking results, by clinician respondent type, can be found in Appendix O, Table 5.

As another measure of attitudes, the survey asked all respondents to indicate their interest in learning more about CER and the EHC Program. Slightly over half the respondents (54 percent) indicated that they were interested in learning more about CER. Similarly, just over half the respondents (57 percent) indicated that they were interested in learning more about the EHC Program. The complete results of interest in learning about CER and the EHC Program, by clinician respondent, type can be found in Appendix O, Table 6.

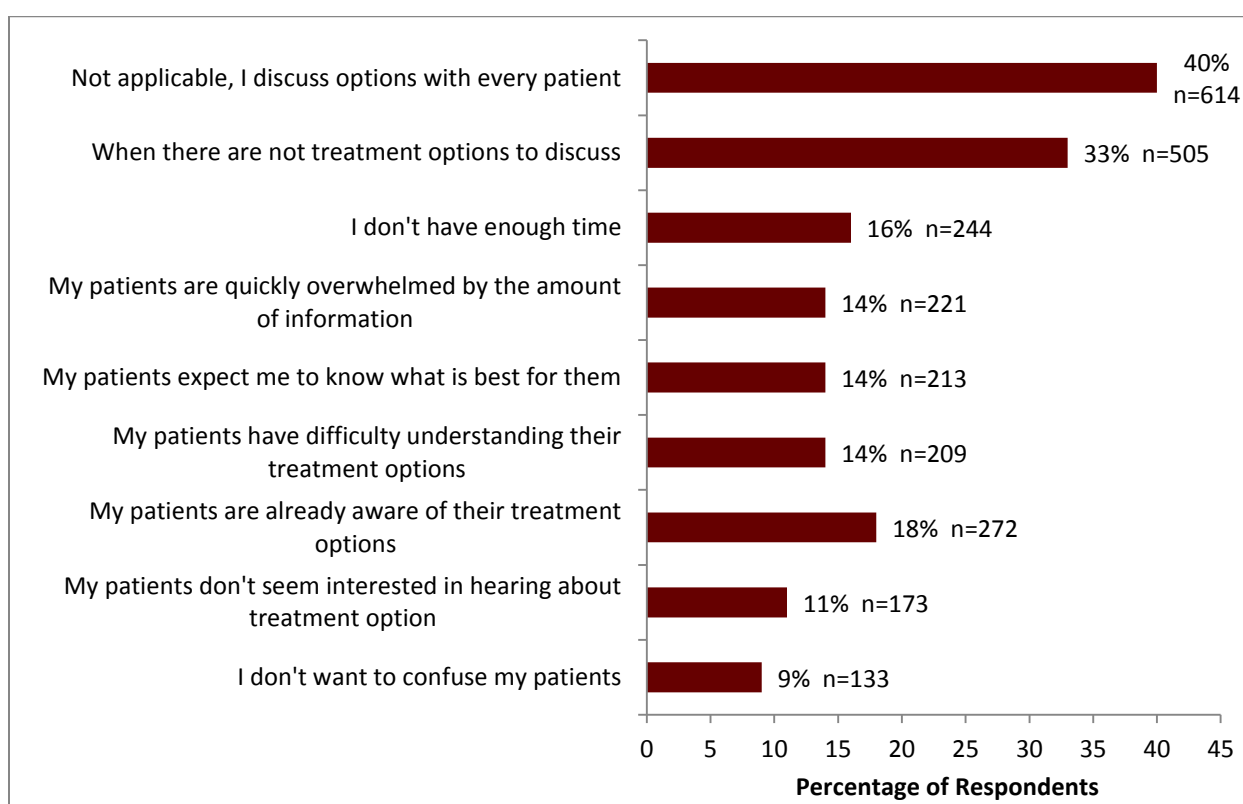
4.5 Clinician Level of Behavior Change and Use of CER

4.5.1 General Information Sharing for Informed Decisionmaking among Clinicians

The team sought to understand how often and why clinicians share educational materials with their patients. The questionnaire asked all respondents to indicate how regularly they share educational materials with patients to help inform decisions about treatment options. The majority of clinicians indicated that they share such materials with some (38 percent), most (39 percent), or all (12 percent) of their patients. The complete results of respondents who share educational materials with their patients, by clinician respondent type, can be found in Appendix O, Table 7.

Two additional follow-up questions asked respondents to indicate the reasons they do *not* discuss treatment options with their patients (Exhibit 26). Approximately one-third (33 percent) reported that they do not have a discussion when there are no treatment options to discuss. Other reasons included lack of time (16 percent), patients' existing awareness of treatment options (18 percent), patients expecting the clinician to know the best treatment (14 percent), patient difficulty in understanding the treatment options (14 percent), patients being overwhelmed by the amount of information (14 percent), patients not appearing interested in hearing about options (11 percent), and not wanting to confuse patients (nine percent). Almost half of respondents (40 percent) indicated that the question did not apply to them since they discuss options with every patient. The complete results of reasons respondents do not discuss treatment options with their patients, by clinician respondent type, can be found in Appendix O, Table 8.

Exhibit 26. Top Reasons Clinician Respondents Do Not Discuss Treatment Options with Patients



Respondents were also asked to select the reasons why they *do* discuss treatment options with their patients and what they discuss when they describe those options. Slightly under half (47 percent) indicated that they do so because their patients ask them for options in general or because their patients ask about specific options (43 percent). The majority (87 percent) indicated that during these discussions they describe the risks and benefits of each option. More than half (54 percent) discuss the relative effectiveness of each option (70 percent) and their experience with each option. Less than half (41 percent) of the respondents reported discussing the potential cost of each option. The complete results of reasons respondents discuss treatment options with patients, by clinician respondent type, can be found in Appendix O, Table 9.

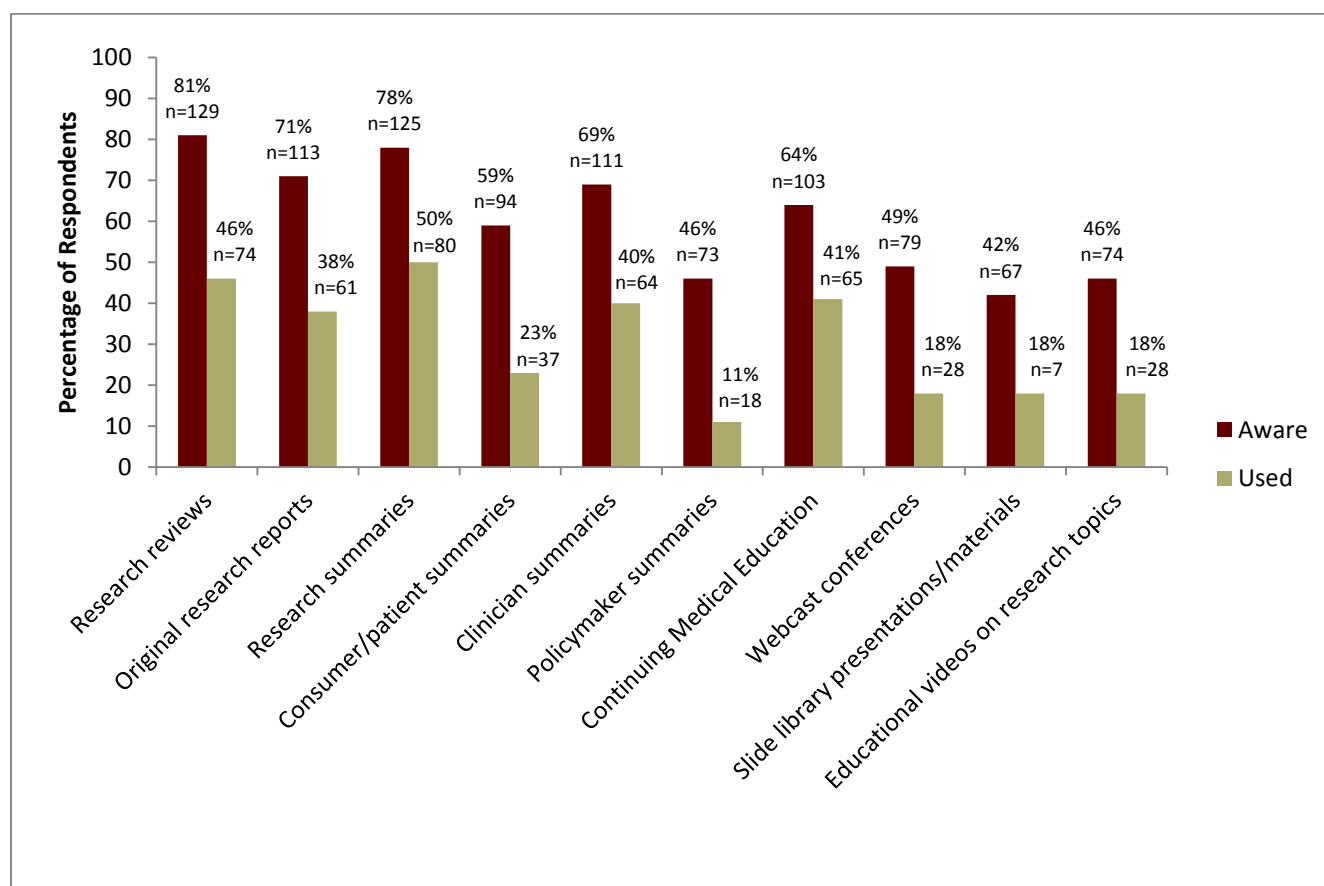
4.5.2 Use of EHC Program Products among Clinicians

The survey asked those respondents who were aware of the EHC Program (of the 190 respondents who indicated they were aware of the EHC Program, 160 responded)²⁰ a series of questions assessing which specific types of EHC Program products they had heard of, read or used, and shared with colleagues or other health professionals. For each product listed, at least two-fifths of the respondents indicated that they had heard of that product (Exhibit 27). Research reviews (81 percent), original research reports, (71 percent), research summaries (78 percent), clinician summaries (69 percent), continuing education activities (64 percent), and consumer summaries (59 percent) were most commonly listed.

Although awareness of EHC Program products was generally high, fewer clinicians reported having ever read or used them. Clinicians reported using research summaries (50 percent) most frequently, while only one-fifth (23 percent) used the consumer/patient summaries. Even fewer respondents indicated that they shared EHC Program products with a colleague or other health professional. The research summaries (23 percent) and clinician summaries (19 percent) were the most commonly cited products shared. The complete results of awareness, use, and sharing of EHC Program products among clinician respondent types can be found in Appendix O, Table 10.

²⁰ Awareness of the EHC Program was operationalized as a respondent indicating that he or she was either “somewhat” or “mostly/very familiar” with the EHC Program.

Exhibit 27. Awareness and Use of EHC Program Products among Clinician Respondents who Reported Awareness of EHC Program



Among respondents who had used any of the EHC Program clinician products to become better informed about treatment options (e.g., the treatment summaries and research reviews), slightly under half reported using the products in the last six months (44 percent). Among respondents who had shared an EHC Program consumer summary with their patients to help them make better informed decisions about treatment options, approximately one-third did so within the past six months (32 percent), while slightly more clinicians reported that they have never shared an EHC Program consumer summary with their patients (36 percent).

4.5.3 Use of EHC Program Web Site among Clinicians

The majority of clinicians surveyed (83 percent) indicated that they had never heard of the EHC Program Web site. Only 104 respondents (6 percent) indicated that they had ever visited the EHC Program Web site. Those who were aware of the Web site most frequently cited an article in a medical/science journal (23 percent), conference (24 percent), another Web site (17 percent), continuing education (16 percent), professional organization (13 percent), or colleague (21 percent) as the catalyst to learning about the EHC Program Web site. The complete results of Web site use, by clinician respondent type, can be found in Appendix O, Table 11-13.

4.5.4 Intention to Use among Clinicians

Approximately half of those surveyed indicated that they are likely to use the consumer (47 percent) and clinician summaries (50 percent) in the next year, while approximately ten percent were unlikely to use either product. Approximately two-fifths were not sure if they would use either product. The complete results of future intentions to use the EHC Program products, by clinician respondent type, can be found in Appendix O, Table 14.

4.6 Clinician Exposure to Dissemination Strategies

The questionnaire included several items to assess exposure to the specific dissemination strategies used by the four dissemination contractors. One-fifth of respondents (19 percent) reported that in the past 12 months they had taken any online CME/CE course that presented findings from a systematic evidence review that used CER to compare two or more treatment options.

Thirty-six respondents (2 percent) reported receiving an academic detail by a patient-centered outcomes specialist consultant who spoke with them about CER research findings and the EHC Program in the past 12 months. Six percent of respondents reported that any professional organization of which they were a member had sent them any information about CER or the EHC Program in the last 12 months. A small minority of respondents reported hearing about CER through their professional organization.

Lastly, slightly over half (56 percent) of the clinicians reported that they had seen, read, or heard anything that encourages patients to explore and compare their treatment options with their doctors. Among those who reported exposure to such information, 26 percent reported having seen these messages in the last week and 39 percent reported having seen such messages in the past month. The complete results of self-reported exposure to information about CER and the EHC Program, by clinician respondent type, can be found in Appendix O, Table 15.

SECTION V: LONGITUDINAL ANALYSIS OF CONSUMER SURVEY

This section presents the key results of the longitudinal analyses of the consumer survey data from waves 1 and 2. The results are organized according to three main outcomes: (1) awareness, (2) attitudes/perceived benefits, and (3) behavior/use. For each outcome variable analyzed, we tested whether there was a statistically significant increase between survey waves (wave 2 minus wave 1) at the $p < 0.05$ level using a one-sided test and a 95 percent confidence interval.

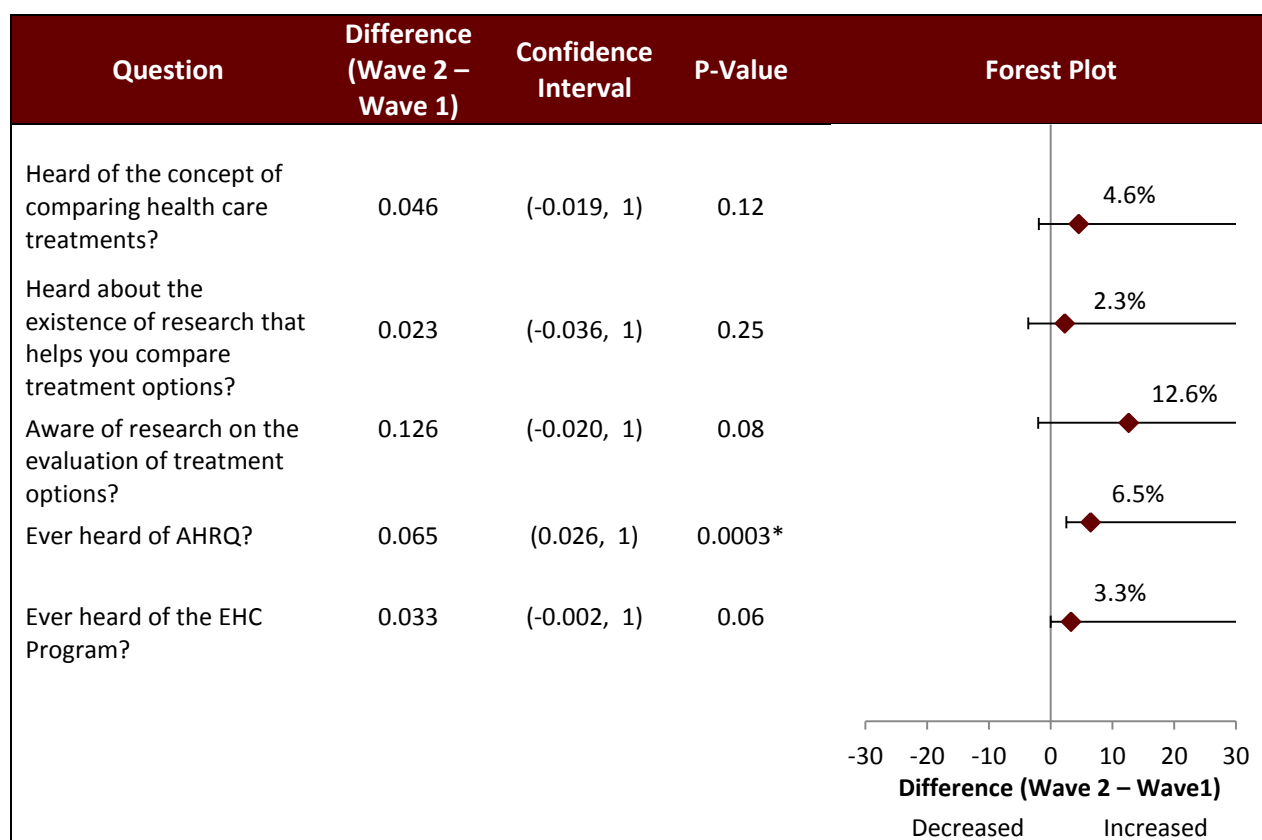
The subsections below provide focused, streamlined summaries and exhibits of the results. Each subsection begins with a summary table presenting the results of the tested variables. Following the summary table is a discussion of each variable. More detailed information on the analysis results for each outcome variable can be found in Appendix P.

5.1 Consumer Level of Awareness

5.1.1 Summary Table of Consumer Awareness Longitudinal Findings

Exhibit 28 presents summary information for each of the variables tested and presented in this subsection.

Exhibit 28. Summary Table of Consumer Awareness Longitudinal Findings

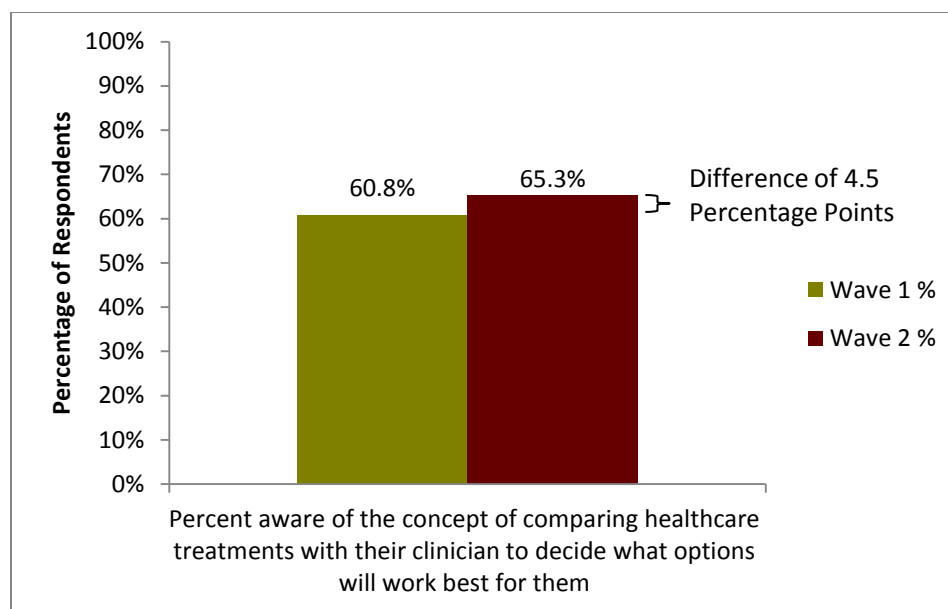


*Statistically significant at $p < 0.05$ level.

5.1.2 Consumer Awareness Longitudinal Findings by Variable

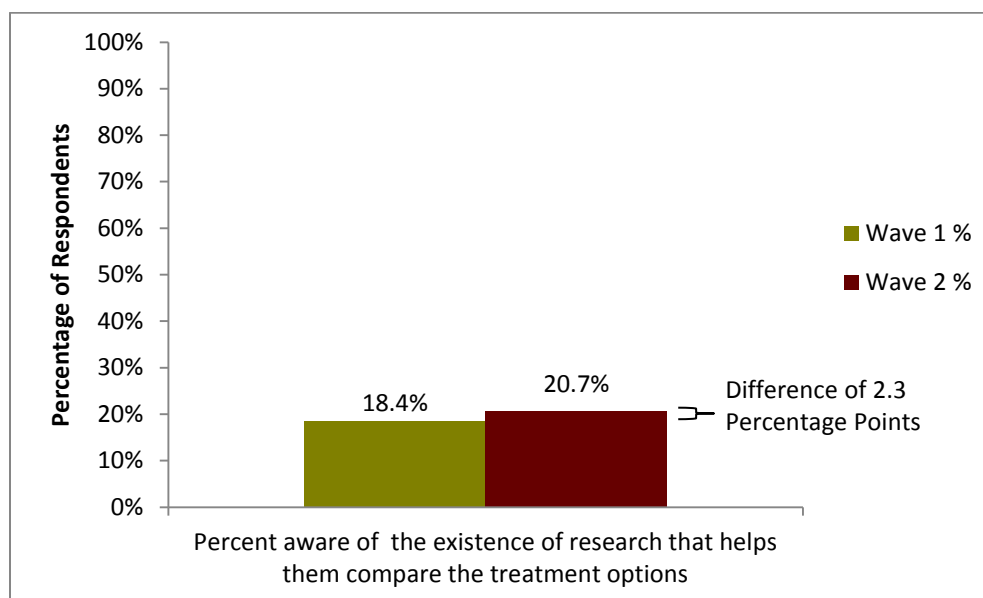
Consumers' unaided awareness of CER increased over the course of the two survey administrations, although the increase was not statistically significant ($p=0.12$). As shown in Exhibit 29, almost 61 percent of consumers reported unaided awareness of the concept of comparing treatment options at the time of the first survey administration ($n=1,005$); unaided awareness increased to 65 percent at the time of the second survey ($n=948$).

Exhibit 29. Difference in Consumer Respondents' Unaided Awareness of CER from Wave 1 to Wave 2



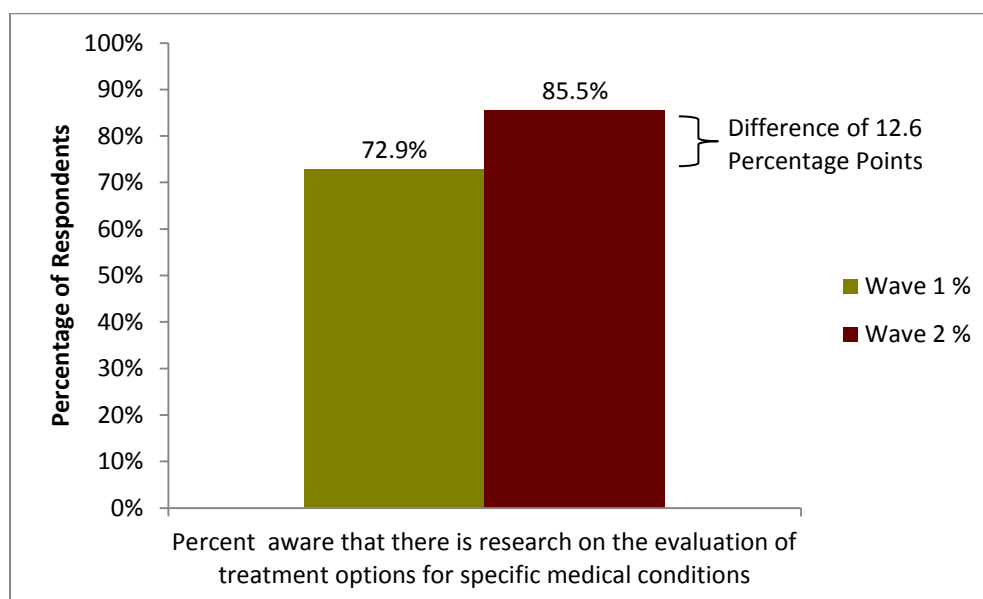
Consumers' aided awareness of CER also increased from wave 1 to wave 2, although the increase did not reach statistical significance ($p=0.25$). As presented in Exhibit 30, 18 percent of consumers reported aided awareness at the time of the first survey administration ($n=1,005$); almost 21 percent of consumers reported aided awareness at the time of the second survey ($n=948$).

Exhibit 30. Difference in Consumer Respondents' Aided Awareness of CER from Wave 1 to Wave 2



Consumers also reported an increase in their awareness of research on the evaluation of treatment options for specific medical conditions (Exhibit 31). Like unaided and aided awareness, however, the change was not statistically significant ($p=0.08$). During the first survey, 73 percent indicated awareness of such research ($n=172$); 86 percent indicated awareness during the second survey ($n=174$). (See Exhibit 31.)

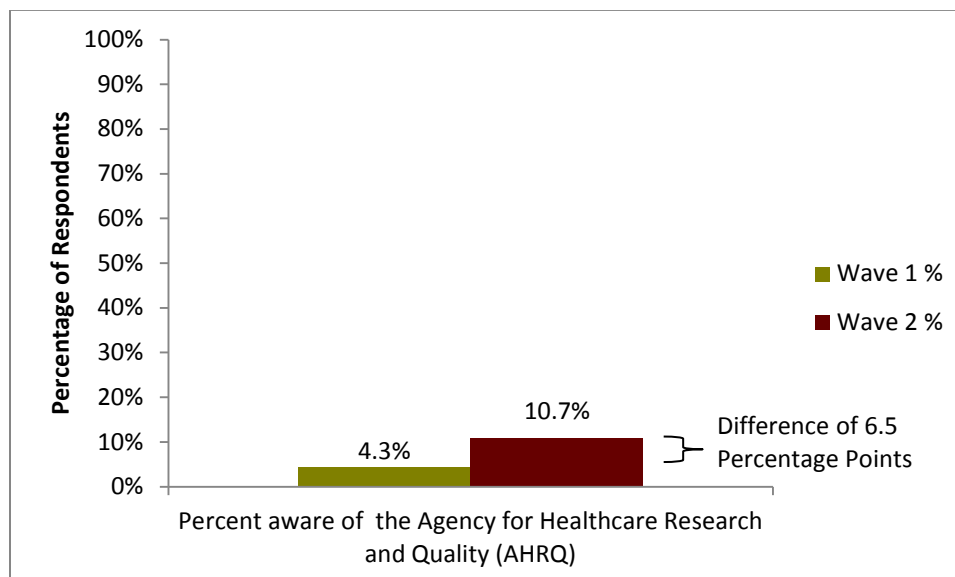
Exhibit 31. Difference in Consumer Respondents' Awareness of Research on the Evaluation of Treatment Options for Specific Medical Conditions from Wave 1 to Wave 2



Consumers reported a statistically significant increase in awareness of AHRQ from wave 1 to wave 2. As shown in Exhibit 32, four percent of consumers reported awareness of AHRQ at the time of the

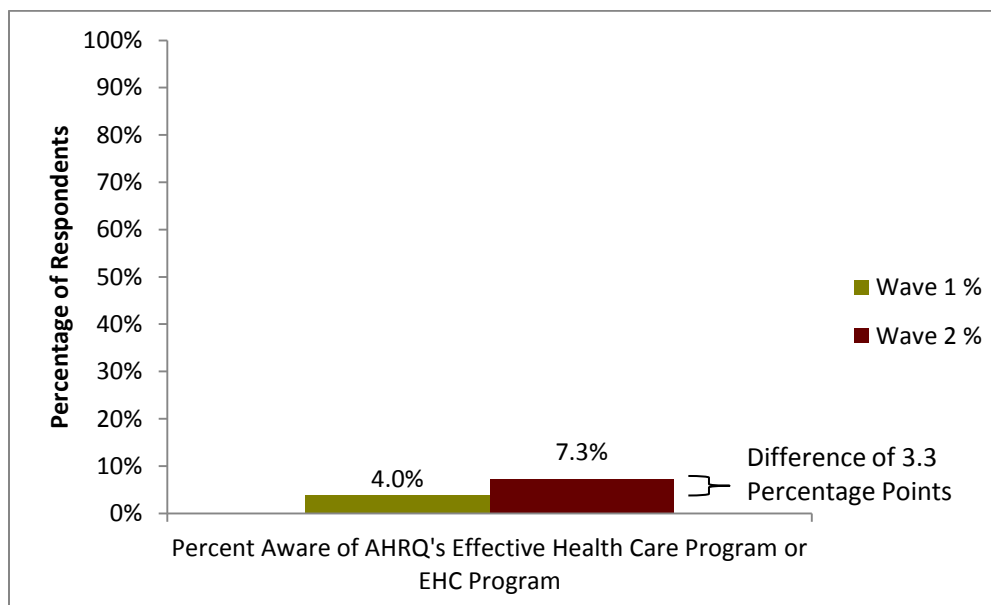
first survey administration (n=1,005); 11 percent reported awareness during the second survey (n=948). This increase was significant at a 95 percent confidence level ($p=0.0003$).

Exhibit 32. Difference in Consumer Respondents' Awareness of AHRQ from Wave 1 to Wave 2



As presented in Exhibit 33, four percent of consumers reported awareness of the EHC Program during the first survey (n=1,005), while seven percent reported awareness during the second survey (n=948). This increase was not statistically significant ($p=0.06$).

Exhibit 33. Difference in Consumer Respondents' Awareness of the EHC Program from Wave 1 to Wave 2



5.2 Consumer Attitudes and Perceived Benefits

Exhibit 34 presents summary information for each of the variables tested and presented in this subsection.

5.2.1 Summary Table of Consumer Attitudes and Perceived Benefits Longitudinal Findings

Exhibit 34. Summary Table of Consumer Attitudes and Perceived Benefits Longitudinal Findings

Question	Difference (Wave 2 – Wave 1)	Confidence Interval	P-Value	Forest Plot
Interested in learning more about evaluating treatment options for specific medical conditions?	0.132	(0.064, 1)	0.0008*	13.2%
Interested in evaluating treatment options before making medical decisions?	0.054	(-0.008, 1)	0.077	5.4%
Interested in learning more about the EHC Program?	0.140	(0.070, 1)	0.0004*	14.0%

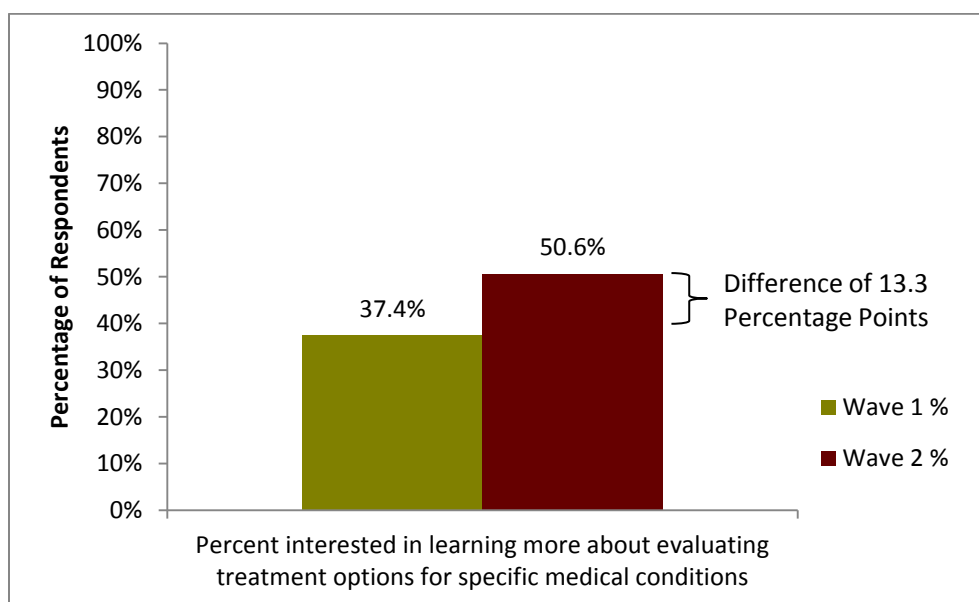
-30 -20 -10 0 10 20 30
Difference (Wave 2 – Wave 1)
Decreased Increased

*Statistically significant at $p < 0.05$ level.

5.2.2 Consumer Attitudes and Perceived Benefits Longitudinal Findings by Variable

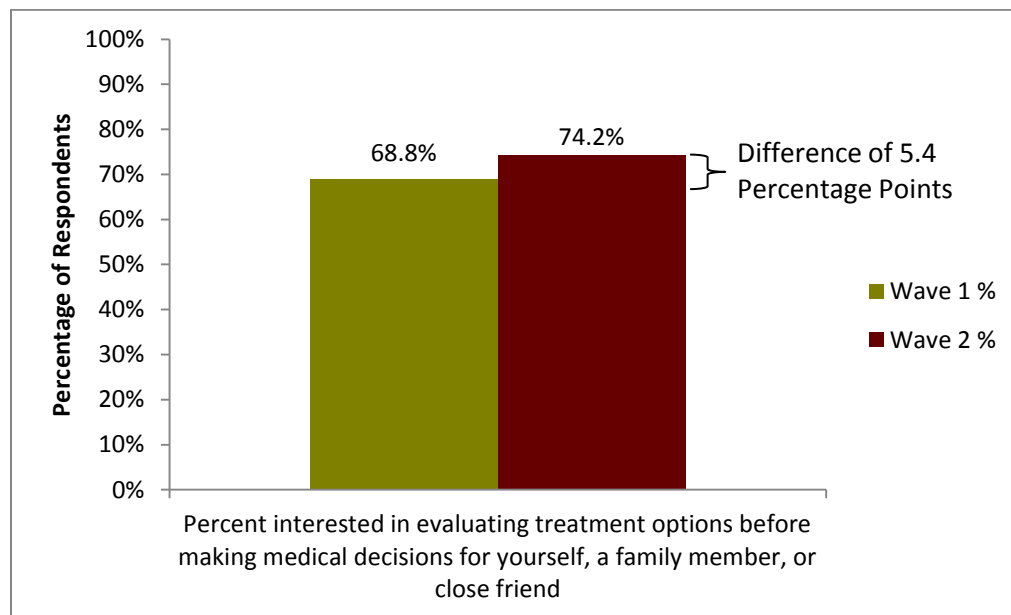
Interest in learning about CER increased over time. As shown in Exhibit 35, during the first survey, 37 percent of consumers indicated interest in learning more about evaluating treatment options for specific medical conditions ($n=1,005$). Fifty-one percent of consumers indicated interest during the second survey ($n=948$). This increase was significant at a 95 percent confidence level ($p=0.0008$).

Exhibit 35. Difference in Consumer Respondents' Interest in Learning More about Evaluating Treatment Options for Specific Medical Conditions from Wave 1 to Wave 2



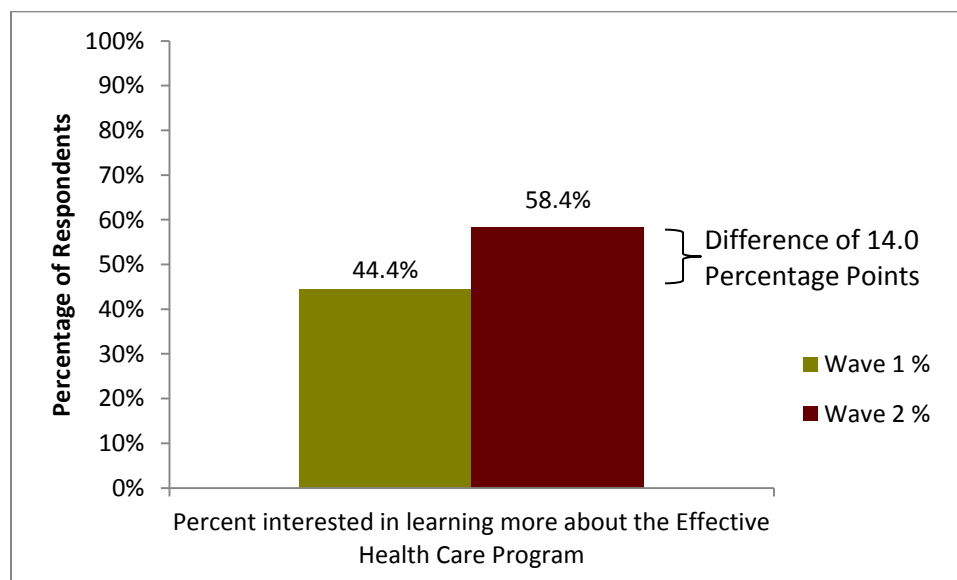
In addition to learning about evaluating treatment options for specific medical conditions, consumers also demonstrated an increased interest in evaluating treatment options to prepare for medical decisions (Exhibit 36), although the increase was not statistically significant ($p=0.077$). At the time of the first survey, 69 percent of consumers indicated interest in evaluating treatment options before making a medical decision ($n=1,005$). Interest increased to 74 percent at the time of the second survey ($n=948$). (See Exhibit 36.)

Exhibit 36. Difference in Consumer Respondents' Interest in Evaluating Treatment Options before Making Medical Decisions from Wave 1 to Wave 2



There was a statistically significant increase in interest in learning about the EHC Program over time. As depicted in Exhibit 37, during the first survey (n=1,005), 44 percent indicated interest in learning more about the EHC Program. During the second survey (n=948), 58 percent indicated interest. This increase was significant with a statistical power of 100 percent at a 95 percent confidence level (p=0.0004).

Exhibit 37. Difference in Consumer Respondents' Interest in Learning about the EHC Program from Wave 1 to Wave 2

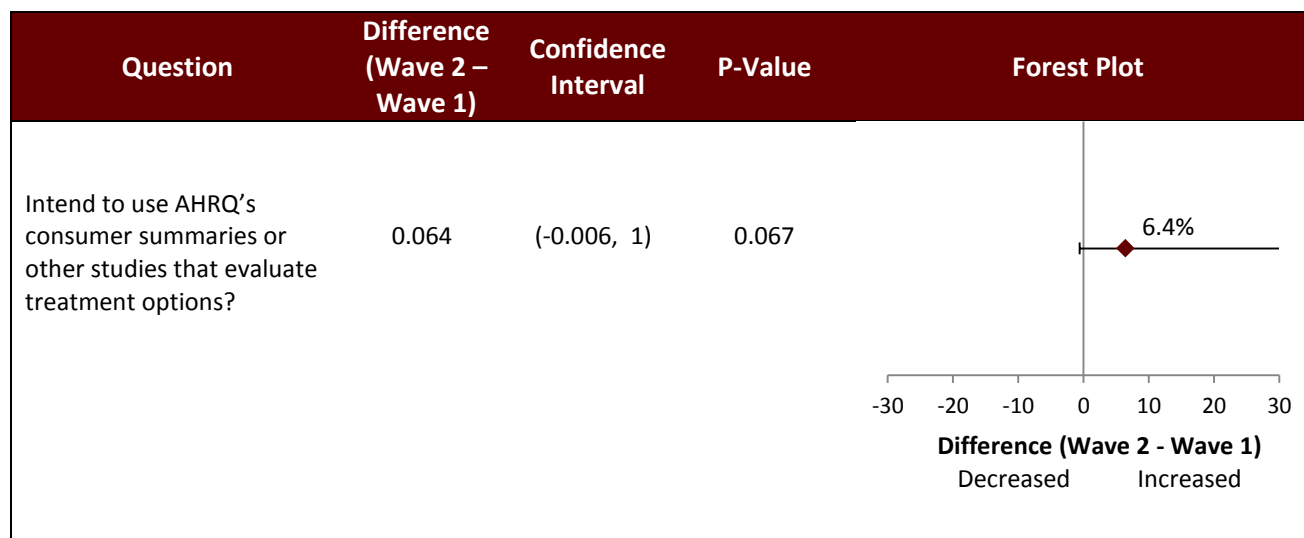


5.3 Consumer Level of Behavior Change and Use of CER

5.3.1 Summary Table of Consumer Behavior Change and Use Longitudinal Findings

Exhibit 38 presents summary information for each of the variables tested and presented in this subsection.

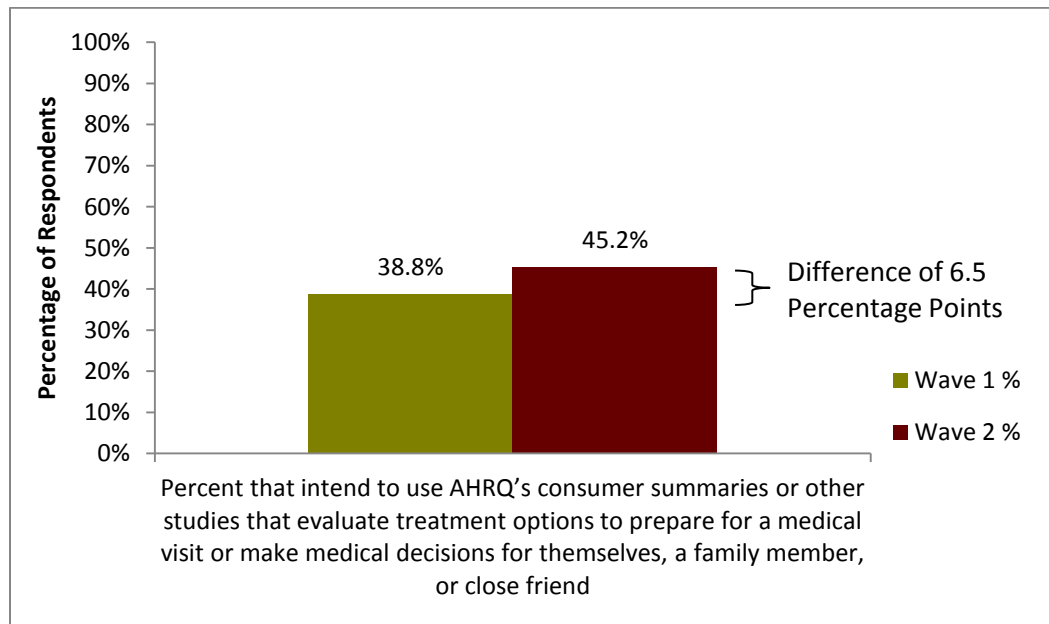
Exhibit 38. Summary Table of Consumer Behavior Change and Use Longitudinal Findings



5.3.2 Consumer Behavior Change and Use Longitudinal Findings by Variable

In addition to an increased interest in the EHC Program, consumers reported an increased intention to use AHRQ's products or other studies to inform decisionmaking (Exhibit 39), although the increase was not statistically significant ($p=0.067$). As shown in Exhibit 39, during the first survey, 39 percent of consumers reported intention to use AHRQ's consumer summaries or other studies to prepare for a medical visit or medical decision ($n=1,005$). Forty-five percent of consumers reported intention to use such research at the time of the second survey ($n=948$).

Exhibit 39. Difference in Consumer Respondents' Intention to Use AHRQ's Consumer Summaries and Other Studies from Wave 1 to Wave 2



SECTION VI: LONGITUDINAL ANALYSIS OF CLINICIAN SURVEY

This section presents the key results from the longitudinal analyses of the clinician survey data from waves 1 and 2. The results are organized according to the four main outcomes: (1) awareness, (2) knowledge and understanding, (3) attitudes/perceived benefits, and (4) behavior/use. For each outcome variable that we analyzed, we tested whether there was a statistically significant increase between survey waves (wave 2 minus wave 1) at the $p < 0.05$ level using a one-sided test and a 95 percent confidence interval.

The subsections below provide focused, streamlined summaries and exhibits of the results. Each subsection begins with a summary table presenting the results the tested variables. Following the summary table is a discussion of each variable. More detailed information on the analysis results for each outcome variable can be found in Appendix Q. Additional variables not described in this section are also included in Appendix Q. These variables showed statistically insignificant results and include the perceived benefits scales and use of EHC Program clinician products and consumer summaries.

6.1 Clinician Level of Awareness

6.1.1 Summary Table of Clinician Awareness Longitudinal Findings

Exhibit 40 presents summary information for each of the variables tested and presented in this subsection.

Exhibit 40. Summary Table of Clinician Awareness Longitudinal Findings

Question	Difference (Wave 2 – Wave 1)	Confidence Interval	P-Value	Forest Plot
Aware of CER?	0.015	(-0.008, 1)	0.15	1.4%
Aware of AHRQ?	0.050	(0.023, 1)	0.001*	5.0%
Aware of EHC Program?	0.038	(0.020, 1)	0.0002*	3.8%
Aware of PCOR?	0.025	(-0.004, 1)	0.077	2.5%

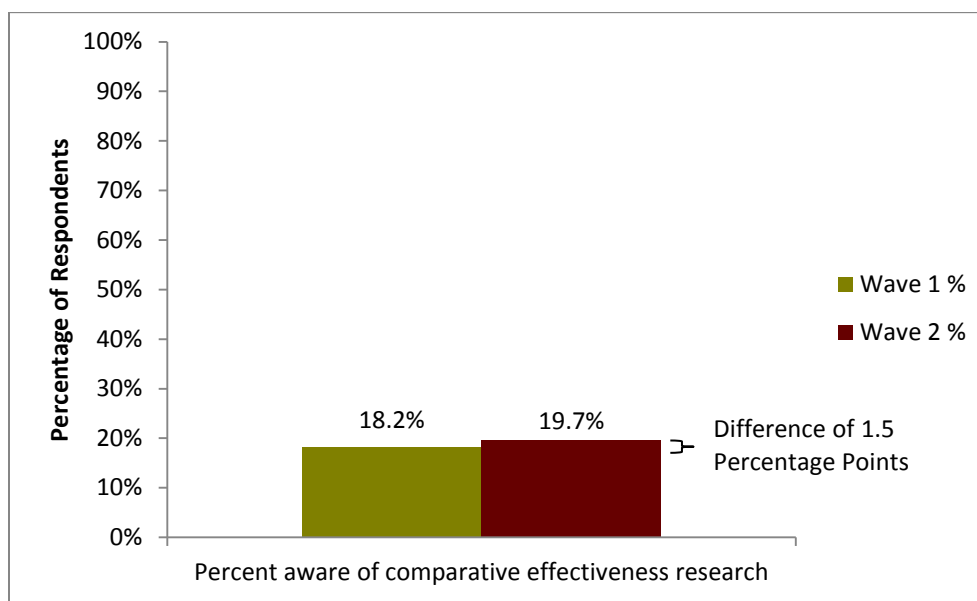
-30 -20 -10 0 10 20 30
Difference (Wave 2 - Wave 1)
Decreased Increased

*Statistically significant at $p < 0.05$ level.

6.1.2 Clinician Awareness Longitudinal Findings by Variable

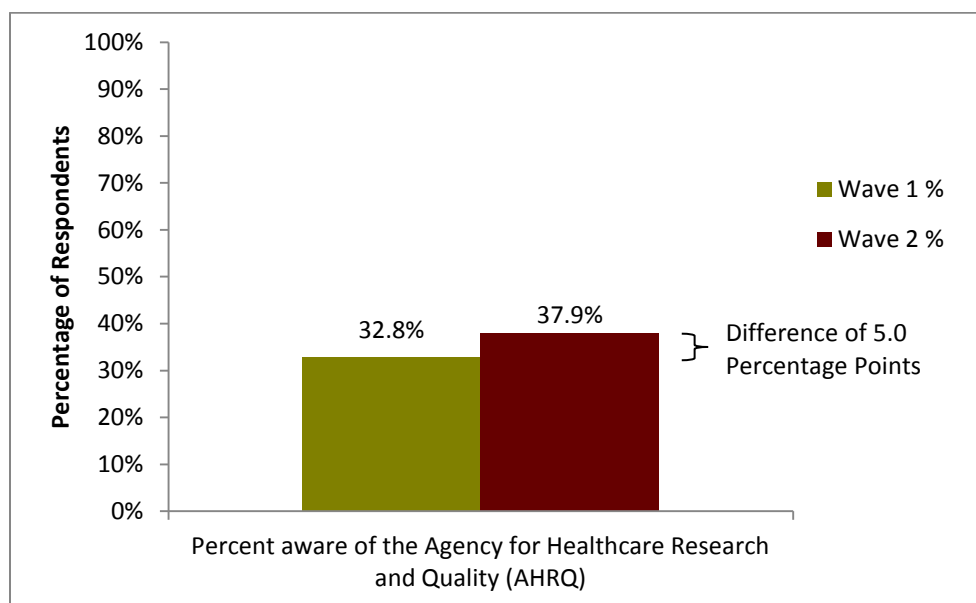
Clinicians' aided awareness of CER increased over the course of the two survey administrations, although the increase was not statistically significant ($p=0.15$). As shown in Exhibit 41, at the time of the first survey administration, 18 percent of clinicians reported aided awareness of CER ($n=1,623$); aided awareness was 20 percent at the time of the second survey ($n=1,480$).

Exhibit 41. Difference in Clinician Respondents' Aided Awareness of CER from Wave 1 to Wave 2



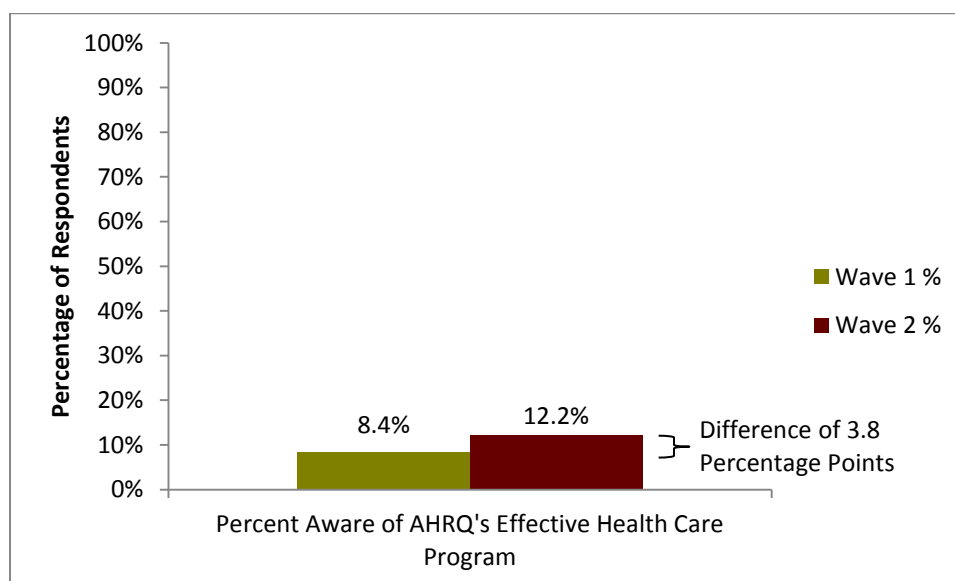
Clinicians reported a statistically significant increase in awareness of AHRQ from wave 1 to wave 2. As shown in Exhibit 42, at the time of the first survey administration 33 percent of clinicians reported awareness of AHRQ ($n=1,669$); 38 percent reported awareness during the second survey ($n=1,564$). This increase was significant at a 95 percent confidence level ($p=0.001$).

Exhibit 42. Difference in Clinician Respondents' Aided Awareness of AHRQ from Wave 1 to Wave 2



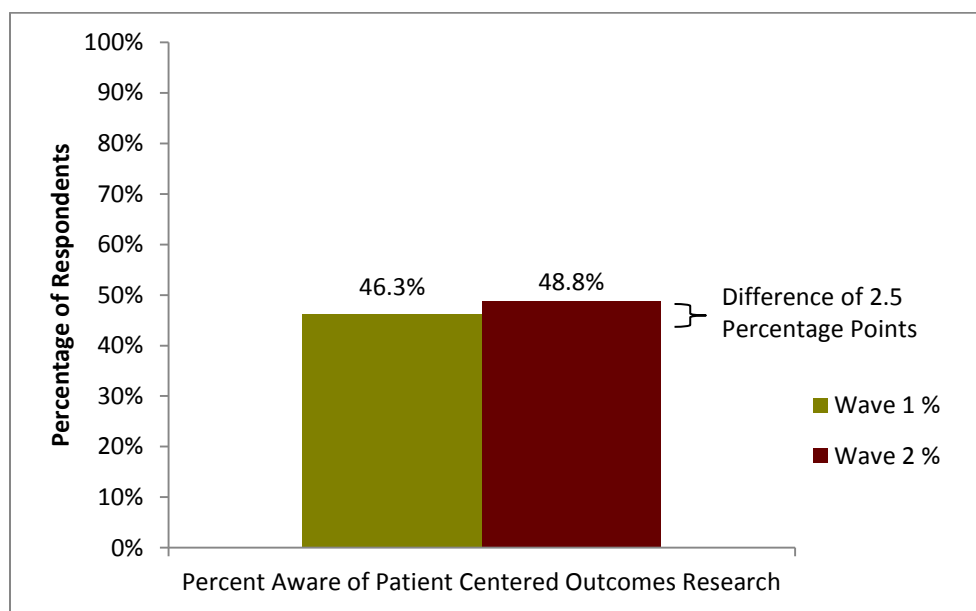
As presented in Exhibit 43, clinicians also reported a statistically significant increase in awareness of the EHC Program. Eight percent of clinicians reported awareness of the EHC Program during the first survey (n=1,657), while 12 percent reported awareness during the second survey (n=1,558). This increase was significant at a 95 percent confidence level ($p=0.0002$).

Exhibit 43. Difference in Clinician Respondents' Aided Awareness of the EHC Program from Wave 1 to Wave 2



The awareness of PCOR among clinicians increased between wave 1 and wave 2 ($p=0.0771$) although the results were not statistically significant. In wave 1, the percentage of clinicians indicating awareness of PCOR was 46 percent; and 49 percent indicated awareness in wave 2 (Exhibit 44).

Exhibit 44. Difference in Clinician Respondents' Aided Awareness of PCOR from Wave 1 to Wave 2



6.2 Clinician Level of Knowledge and Understanding

6.2.1 Summary Table of Clinician Knowledge and Understanding Longitudinal Findings

Exhibit 45 presents summary information for each of the variables tested and presented in this subsection.

Exhibit 45. Summary Table of Clinician Knowledge and Understanding Longitudinal Findings

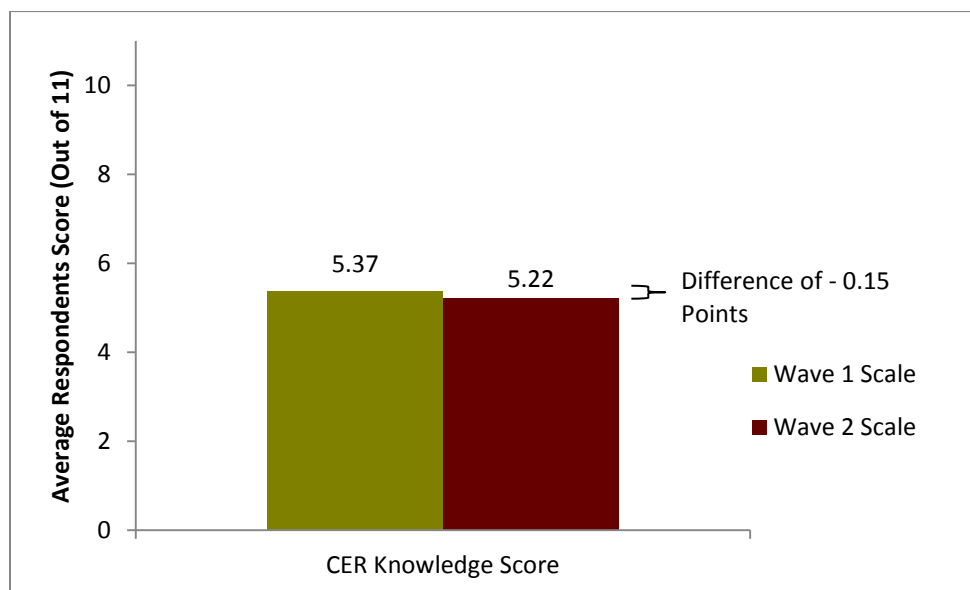
Question	Difference (Wave 2 – Wave 1), Scale of 11	Confidence Interval	P-Value	Forest Plot
CER Knowledge Scale	-0.14	(-0.40, 11)	0.866	-0.14
EHC Program Knowledge Scale	-0.07	(-0.625, 11)	0.587	-0.07

The forest plot displays the difference in knowledge scores for two scales. The x-axis is labeled 'Difference (Wave 2 - Wave 1)' and ranges from -11 to 11, with a vertical line at 0. The CER Knowledge Scale has a difference of -0.14, and the EHC Program Knowledge Scale has a difference of -0.07. Both differences are to the left of the zero line, indicating a decrease in knowledge from Wave 1 to Wave 2.

6.2.2 Clinician Knowledge and Understanding Longitudinal Findings by Variable

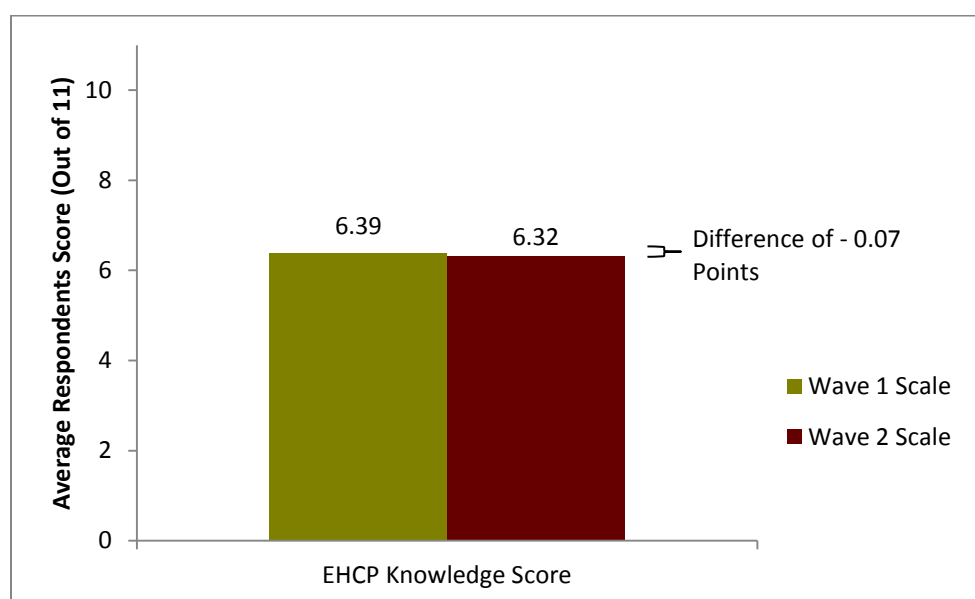
Clinicians reported a slight decrease in the average CER Knowledge Scale from wave 1 to wave 2, although the change was not statistically significant ($p=0.866$). As shown in Exhibit 46, the average score in wave 1 was 5.37 ($n=731$); the average score decreased to 5.22 in wave 2 ($n=746$).

Exhibit 46. Difference in Clinician Respondents' CER Knowledge Scale from Wave 1 to Wave 2



Clinicians also reported a slight decrease in the average EHC Program Knowledge Scale from wave 1 to wave 2, although the change was not statistically significant ($p=0.587$). As shown in Exhibit 47, the average score in wave 1 was 6.39 ($n=134$); the average score decreased to 6.32 in wave 2 ($n=183$).

Exhibit 47. Difference in Clinician Respondents' EHC Program Knowledge Scale from Wave 1 to Wave 2

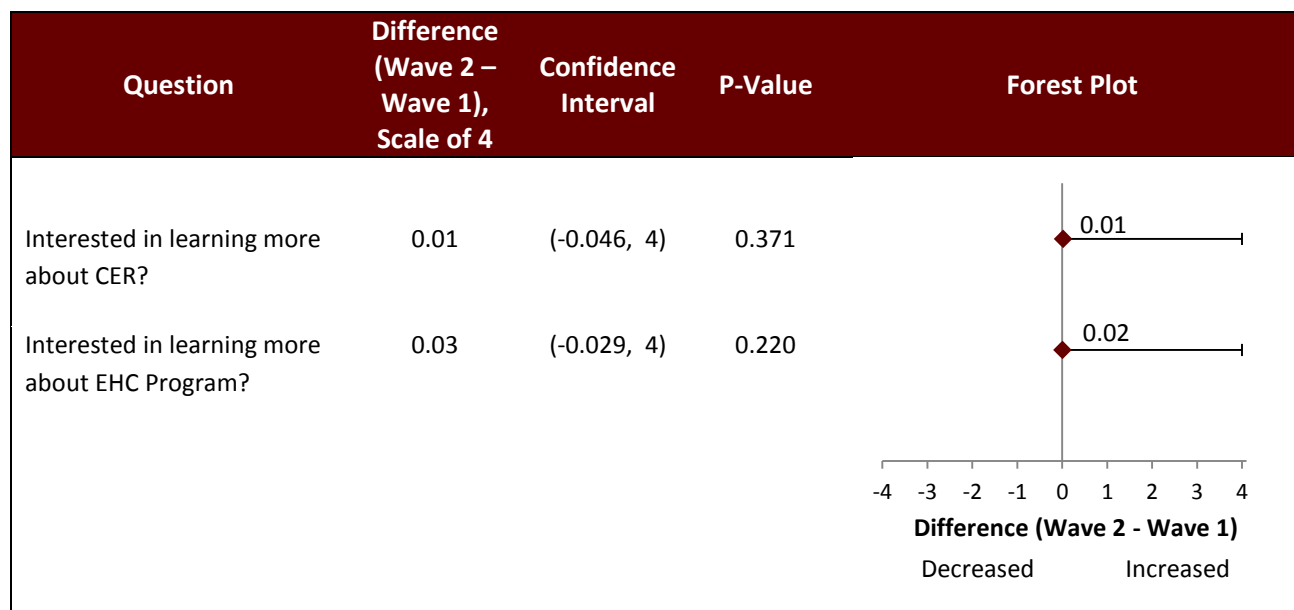


6.3 Clinician Attitudes and Perceived Benefits

6.3.1 Summary Table of Clinician Attitudes and Perceived Benefits Longitudinal Findings

Exhibit 48 presents summary information for each of the variables tested and presented in this subsection.

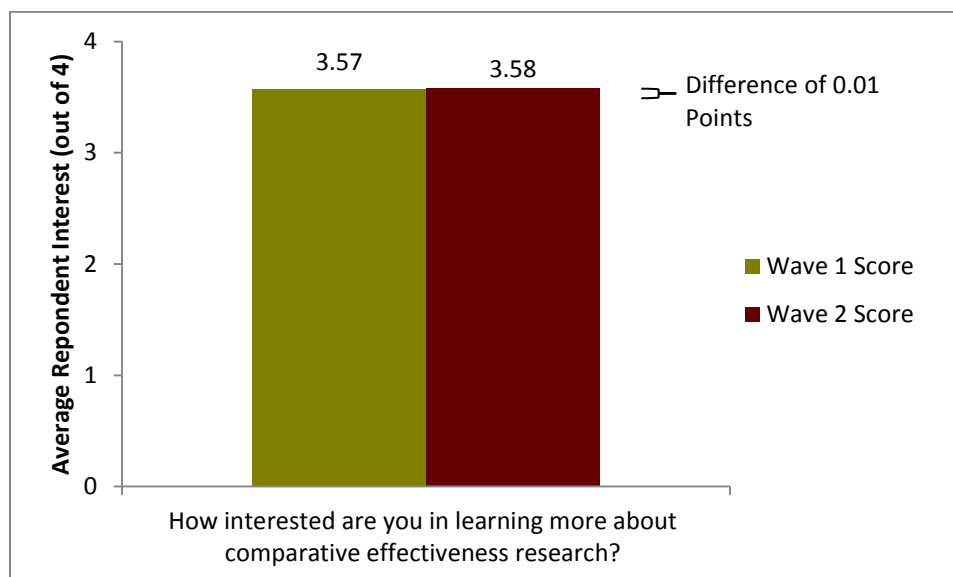
Exhibit 48. Summary Table of Clinician Attitudes and Perceived Benefits Longitudinal Findings



6.3.2 Clinician Attitudes and Perceived Benefits Longitudinal Findings by Variable

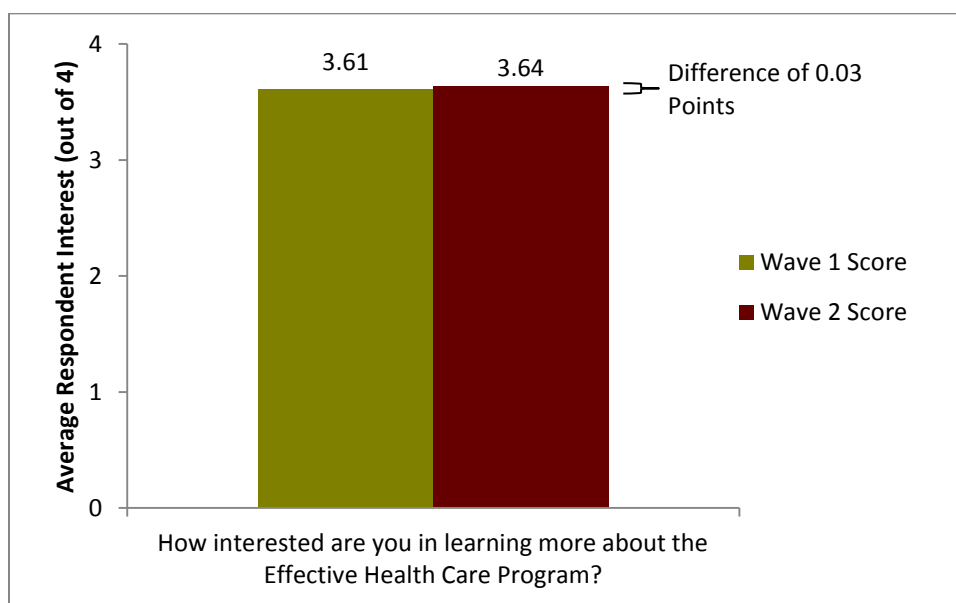
Interest in learning more about CER among clinician respondents increased over time, although the change was not significant ($p=0.371$). As shown in Exhibit 49, during the first survey, clinicians' average level of interest in learning more about CER was 3.57 ($n=1,659$); during wave 2, the average level was 3.58 ($n=1,556$).

**Exhibit 49. Difference in Clinician Respondents' Interest in Learning More about CER
from Wave 1 to Wave 2**



Similarly, interest in learning more about the EHC Program among clinician respondents increased over time, although the change was not significant ($p=0.220$). As shown in Exhibit 50, during the first survey, clinicians' average level of interest in learning more about the EHC Program reached 3.61 ($n=1,675$); during wave 2, the average level increased to 3.63 ($n=1,569$).

**Exhibit 50. Difference in Clinician Respondents' Interest in Learning More about the EHC Program
from Wave 1 to Wave 2**

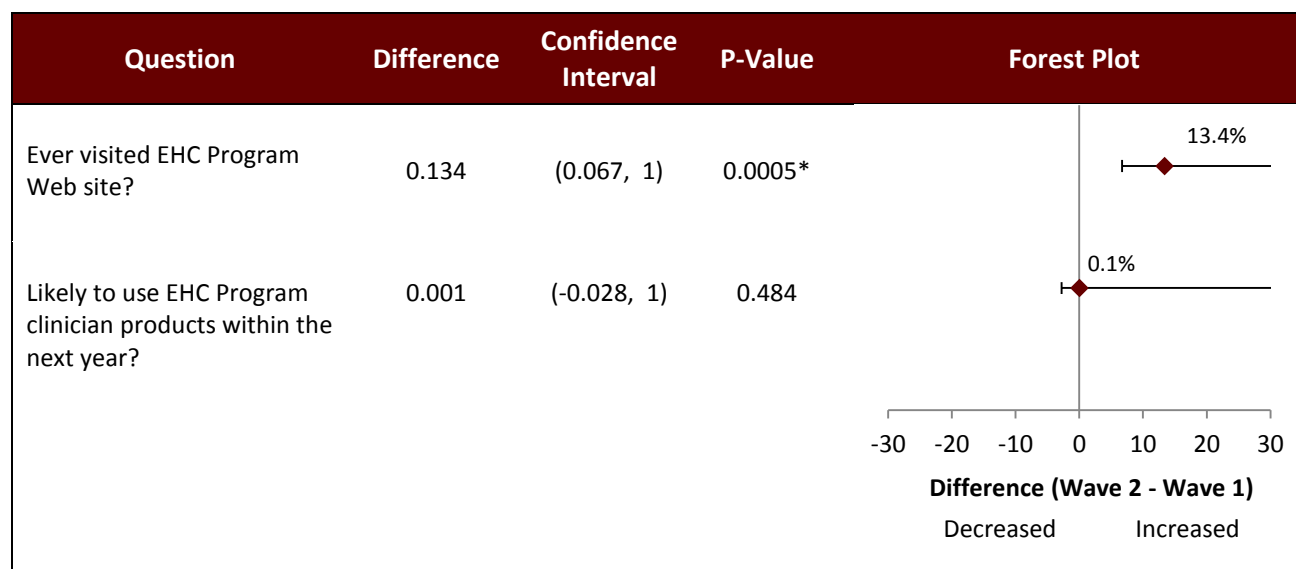


6.4 Clinician Level of Behavior Change and Use of CER

6.4.1 Summary Table of Clinician Behavior Change and Use Longitudinal Findings

Exhibit 51 presents summary information for each of the variables tested and presented in this subsection.

Exhibit 51. Summary Table of Clinician Behavior Change and Use Longitudinal Findings

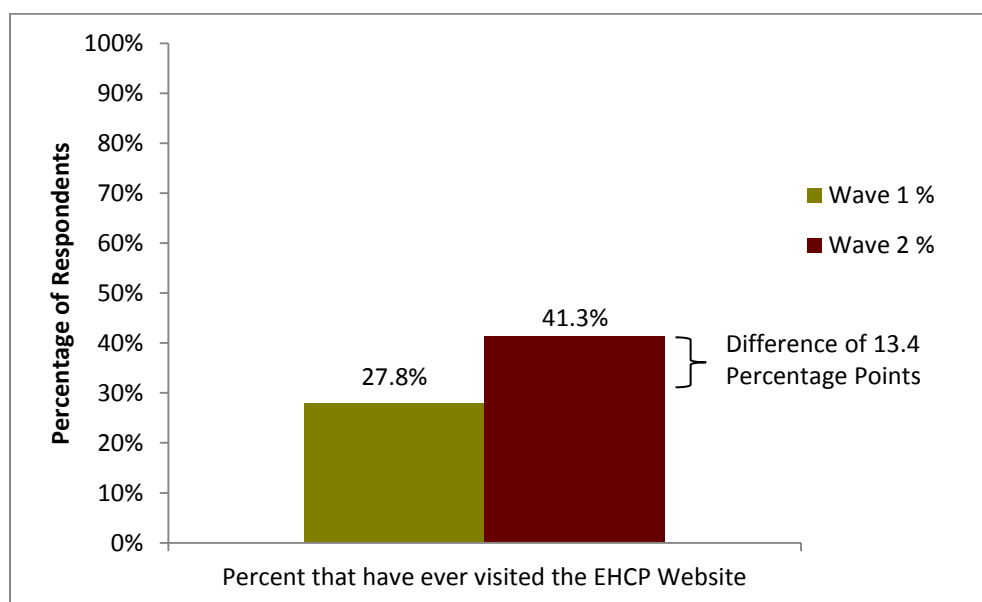


*Statistically significant at $p < 0.05$ level.

6.4.2 Clinician Behavior Change and Use Longitudinal Findings by Variable

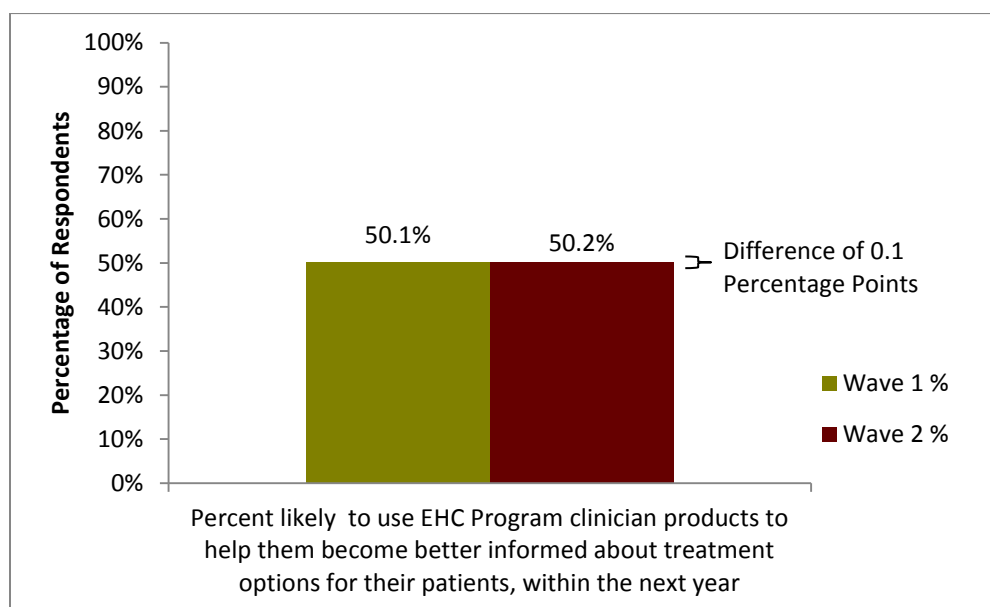
Of those who had heard of the EHC Program Web site, clinicians reported a statistically significant increase in likelihood of ever visiting the EHC Program Web site over the course of the two survey administrations. As shown in Exhibit 52, 28 percent of surveyed clinicians reported that they had previously visited the EHC Program Web site in wave 1 ($n=291$). In wave 2, 41 percent reported visiting the Web site ($n=252$). This increase was significant at a 95 percent confidence level ($p=0.0005$).

Exhibit 52. Difference in Clinician Respondents Who have Visited the EHC Program Web Site from Wave 1 to Wave 2



Clinicians reported a slight increase in their intention to use EHC Program clinician products in the near future, although the change was not statistically significant ($p=0.484$). During wave 1, fifty percent of clinicians reported that they will probably or definitely use EHC Program products in the next year ($n=1,667$); clinicians' reported intention to use EHC Program products increased by 0.1 percentage point in wave 2 ($n=1563$) (Exhibit 53).

Exhibit 53. Difference in Clinician Respondents' Intention to Use EHC Program Products from Wave 1 to Wave 2



SECTION VII: SUMMARY

7.1 Consumer Survey Findings

7.1.1 Wave 2 Consumer Survey Findings

Although nearly 65 percent of respondents were aware of the concept of comparing treatment choices and 45 percent had heard of research that can help compare treatment options, only 11 percent indicated that they had heard of the research referred to “by a specific name.” Of that group, only two respondents knew it as “comparative effectiveness research,” and two respondents identified this research as “patient-centered outcomes research,” “PCOR,” or “shared decisionmaking.”

When given a definition, 21 percent of respondents indicated that they were aware of research that can help compare treatment options. Respondents who were between 45 and 64 years old (compared to those 18 to 44 years old and 65 and older), Black (compared to White and other races), female, and not enrolled in Medicare or Medicaid (compared to enrollees) were statistically more likely to be aware of the concept of such research.

Print media, such as newspapers, journals, and magazines, served as the most common source of information on CER, followed by Web sites, television/radio, and health care providers. Of those learning about CER from their clinicians, 51 percent (21 respondents) indicated that their provider had initiated discussions about CER. Health care providers and Web sites were the most common preferred methods to obtain medical information.

Of consumers who indicated awareness of CER (unaided or aided) and/or awareness of the EHC Program, just over half currently use research to help make medical decisions; one-fifth have used it in the past. Respondents who were between 18 and 44 years old (compared to aged 45 and older respondents), Black (compared to White and other races), and female were statistically more likely to use such research. Medicare beneficiaries were statistically more likely than their non-Medicare enrollee counterparts to use CER; however, Medicaid beneficiaries were statistically less likely than non-enrollees to report use of CER.

Knowledge of AHRQ and the EHC Program was low among respondents. Only 11 percent of consumers had heard of AHRQ prior to the survey; likewise, seven percent had heard of the EHC Program. Three respondents had visited the EHC Program Web site. Similarly, knowledge and use of consumer summaries was low among consumers. Only 70 respondents were aware of consumer summaries; of that group, 26 had actually used them. Respondents who were 65 years and older (compared to aged 18 to 64), Black (compared to White and other races), and female were statistically more likely to be aware of consumer summaries. Medicare beneficiaries were statistically more likely than non-enrollees to be aware of consumer summaries. Similarly, Medicaid beneficiaries were statistically more likely than non-enrollees to indicate awareness of consumer summaries.

Respondents demonstrated a strong interest in using CER. A majority of respondents were interested in evaluating treatment options before making medical decisions (74 percent), while fewer were interested in learning more about evaluating treatment options for specific conditions (51 percent) and learning about the EHC Program (58 percent). Although interest in learning about CER was high, respondents' intention to use CER was comparatively low. Only 45 percent of respondents indicated that they intended to evaluate treatment options to prepare for a medical visit or make medical decisions. Respondents who were between 18 and 44 years old (compared to aged 45 and older respondents), Black (compared to White and other races), and female were statistically more likely to report an intention to use consumer summaries. Medicare beneficiaries were statistically less likely than their non-enrollee counterparts to report intention to use consumer summaries. However, Medicaid beneficiaries were statistically more likely than non-enrollees to indicate intention to use consumer summaries.

Of those who reported awareness of CER (unaided or aided), 11 percent indicated that, in the past six months, they had seen links to the EHC Program Web site or information comparing treatment options on a Web site. Of the 413 respondents who reported that they were a member of an organization that provides information about health care, 17 percent said the organization informed them about the EHC Program or about CER.

7.1.2 Longitudinal Consumer Survey Findings

The longitudinal analysis comparing wave 1 to wave 2 suggests increases in awareness of and interest in CER, AHRQ, and the EHC Program among consumers. Although changes in consumers' awareness of CER did not reach statistical significance, unaided awareness increased from 61 percent in wave 1 to 65 percent in wave 2, while aided awareness increased from 18 percent in wave 1 to 21 percent in wave 2. Furthermore, awareness of research on the evaluation of treatment options for specific medical conditions rose from 73 percent in wave 1 to 86 percent in wave 2. Similar to awareness of CER, however, the increase did not reach statistical significance.

Consumers reported an increase in awareness of AHRQ and the EHC Program from wave 1 to wave 2. Four percent of consumers indicated awareness of AHRQ in wave 1 and 11 percent reported awareness in wave 2; this change was statistically significant. Likewise, the percent of consumers reporting awareness of the EHC Program grew from four percent in wave 1 to seven percent in wave 2, but this increase did not reach statistical significance.

In addition to awareness, the team observed a statistically significant increase in consumers' interest in learning more about CER. Consumers indicating interest in learning more about evaluating treatment options for specific medical conditions grew from 37 percent in wave 1 to 51 percent in wave 2. Although the increase did not reach statistical significance, consumers' interest in evaluating treatment options to prepare for medical decisions increased from 69 percent in wave 1 to 74 percent in wave 2. Consumers also reported an increase in their intent to use CER to prepare for medical decisions, but the increase did not achieve statistical significance.

Interest in learning about the EHC Program increased over time from 44 percent in wave 1 to 58 percent in wave 2, and the increase was statistically significant. Consumers also reported an increase

in intention to use AHRQ's products or other studies before a medical visit to inform decisionmaking from 39 percent in wave 1 to 45 percent in wave 2, although that increase was not statistically significant.

7.2 Clinician Survey Findings

7.2.1 Wave 2 Clinician Survey Findings

Aided and unaided awareness among clinicians was relatively low. Clinicians were more familiar with the terms "evidence-based medicine" and "patient-centered outcomes research" than they were with the term "comparative effectiveness research." Almost half of the surveyed clinicians were aware of AHRQ; however, few respondents were aware of the EHC Program, its products, or the Eisenberg Center. Most who had heard of CER had learned about it through articles in medical journals, at a conference, or professional meeting. Though clinicians who were aware of the EHC Program were familiar with most of its products, use of these products was limited. Among all clinicians survey, about half of clinicians expressed interest in using EHC Program products in the next year.

While most respondents were not familiar with CER, knowledge and understanding was not high among those who were at least nominally aware of it. A large majority of clinicians correctly identified that CER compares effectiveness and risks of established and emerging treatments, is intended to support informed decisionmaking, addresses treatments for common chronic medical conditions, includes reviews of existing scientific literature, and is intended to assist in shared decisionmaking. However, a majority of clinicians incorrectly indicated that CER includes new scientific studies testing the efficacy of specific new medical treatments or technologies and many were unsure about who conducts CER studies.

Attitudes toward CER tended to be positive among respondents who had at least read or heard about it. A majority of respondents agreed that "CER provides findings that support informed decisionmaking" and "CER highlights current evidence about effectiveness, risks, and side effects." Slightly over half the respondents indicated that they were interested in learning more about CER; similarly, just over half indicated that they were interested in learning more about the EHC Program.

The majority of clinicians surveyed indicated that they share educational materials with their patients to help their patients make informed decisions about their treatment options. A large majority of clinicians indicated that they discuss treatment options with patients because patients ask them about their options. During these discussions, a majority of clinicians indicated that they describe the risks and benefits of each option, effectiveness of each option, and their experience with each option. Slightly less than half of clinicians reported that they discuss the potential costs of each option.

Common reasons for *not* discussing treatments options with patients included limited time, patients' existing awareness of treatment options, patients' expectations regarding the clinician's knowledge of the best treatment, concern about patients' difficulty in understanding treatment options; and patients being overwhelmed by the amount of information.

Those who were aware of the EHC Program (12 percent) most commonly mentioned knowledge of research reviews, original research reports, research summaries, clinician summaries, and continuing education activities. Though awareness of EHC Program products was generally high among clinicians who were aware of the EHC Program, few clinicians reported having ever read or used them. Among the respondents who had used any of the EHC Program products, slightly under half reported using the products in the last six months. Less than half of those surveyed indicated that they are likely to use the consumer and clinician summaries in the next year, while ten percent were unlikely to use either product. Approximately two-fifths of respondents were not sure if they would use either product.

The most common exposure to CER dissemination strategies was academic detailing. One-fifth of respondents reported that in the past 12 months they had taken an online CME/CE course that presented findings from a systematic evidence review that used CER to compare two or more treatment options. Slightly over half of the clinicians reported that they had seen, read, or heard messages that encourage patients to explore and compare their treatment options with their doctors. A majority of those exposed had been exposed to such messages within the last week or month.

7.2.2 Longitudinal Clinician Survey Findings

The longitudinal analysis comparing wave 1 to wave 2 suggests increases in awareness of and interest in CER, AHRQ, and the EHC Program among clinicians. Although changes in consumers' awareness of CER did not reach statistical significance, aided awareness increased from 18 percent in wave 1 to 20 percent in wave 2.

Clinicians reported statistically significant increases in both awareness of AHRQ and the EHC Program from wave 1 to wave 2. Thirty-three percent of clinicians indicated awareness of AHRQ in wave 1 and 38 percent reported awareness in wave 2. Likewise, the percent of clinicians reporting awareness of the EHC Program grew from eight percent in wave 1 to 12 percent in wave 2.

While awareness of CER, AHRQ, and the EHC Program increased, clinicians' knowledge and understanding decreased, although the changes were not statistically significant. Clinicians reported a slight decrease in the average CER Knowledge Score from 5.37 (out of 11) in wave 1 to 5.22 in wave 2. Clinicians' EHC Program Knowledge Score also declined from 6.39 (out of 11) in wave 2 to 6.32 in wave 2.

Like awareness, the team observed increases in clinicians' interest in learning more about CER and the EHC Program, although the changes were not statistically significant. Scores indicating clinicians' interest in learning more about CER increased slightly from 3.57 (out of 4) in wave 1 to 3.58 percent in wave 2. Clinicians also reported an increase in their interest in learning more about the EHC Program. In wave 1, clinicians reported a score of 3.61 (out of 4); in wave 2, the score grew slightly to 3.63.

Use of the EHC Program Web site among clinicians increased from wave 1 to wave 2 and the change was statistically significant. Twenty-eight percent of clinicians reported that they had previously visited the EHC Program Web site in wave 1; 41 percent reported visiting the Web site in wave 2. Clinicians also reported a slight increase in their intention to use EHC Program clinician products in the near future, although the change was not statistically significant. Fifty percent of clinicians reported intention to use EHC Program clinician products in wave 1; this figure increased by 0.1 percentage point in wave 2.

7.3 Overall Findings

The longitudinal findings suggest that the investment in public education of consumers and clinicians is bearing fruit. Secular trends analyzed here indicate increased uptake in CER generally and, specifically, awareness of AHRQ and the EHC Program, as well as an interest in learning more about both CER and the EHC Program. The longitudinal findings also suggest that more clinicians are seeking out EHC Program resources, particularly its Web site.

Though the findings indicate a general increase in awareness and interest in CER, key findings from both the consumer and clinician surveys may help to guide and strengthen future public education and dissemination efforts. The findings from the consumer surveys suggest that consumers obtain information about CER from three primary sources: (1) print media, (2) Web sites, and (3) health care providers. The findings also show that consumers have a growing interest in learning more about evaluating treatment options for specific medical conditions, as well as an increasing interest in learning more about the EHC Program. Future public education and dissemination efforts may want to consider reaching consumers at the locations in which they currently receive information, (such as newspapers, magazines, and the Internet) and focus research dissemination on specific conditions in which patients and their families often seek medical advice.

Furthermore, the findings from the clinician surveys suggest that a majority of clinicians share education materials with their patients, and most do so because their patients ask them for treatment options in general or because their patients ask about specific options. Continuing education to health care providers on CER, particularly on the benefits and usefulness of this type of research, may increase awareness and use of CER among both clinicians and consumers. Findings from the clinician surveys suggest that the most common sources of exposure to CER among clinicians are academic articles, conference or professional meetings, and continuing education courses. Future public education and dissemination efforts may want to consider continuing to target these points of exposure, as well as expanding these efforts to integrate information on how to use CER in the practice setting with patients. Additionally, given the higher levels of awareness of evidence based medicine compared to CER, AHRQ may want to consider targeting EHC Program products to clinicians that assist them in practicing evidence based medicine.

As consumers and clinicians gain more access to information about CER and the EHC Program, a third survey could further compare trends in awareness, knowledge, attitudes, and use of CER. Such data may help to strengthen dissemination efforts and increase consumer and clinician's access to and use of CER and the EHC Program to inform health care decisionmaking.

APPENDIX A: INTRODUCTION AND BACKGROUND

A.1 Introduction

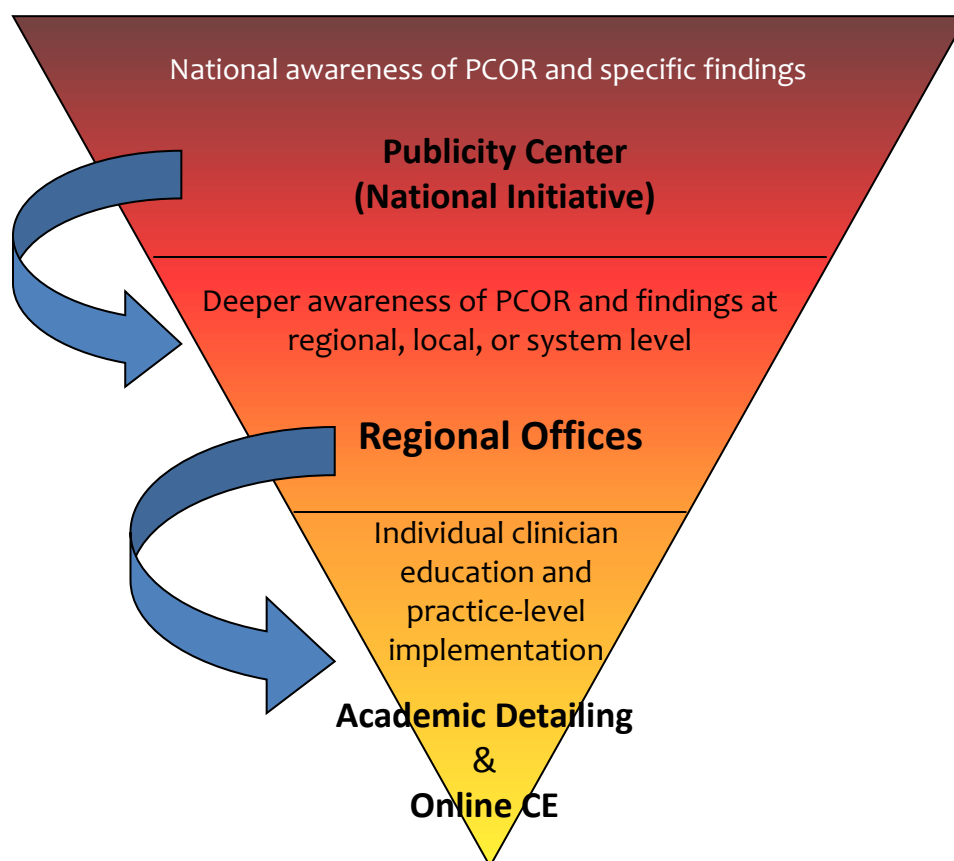
Patients and their health care providers have many options when deciding on a treatment plan. Sorting through large volumes of sometimes-conflicting information is difficult and time consuming for physicians and patients alike. Recognizing that research comparing health care treatment options should be reviewed objectively and widely disseminated, AHRQ has taken a leading role in developing patient-centered outcomes research (PCOR) and sharing it with decisionmakers, including clinicians, health care system administrators, business purchasers, and consumers. AHRQ reaches these priority audiences through targeted outreach and through its Effective Health Care Program (EHC Program). The EHC Program Web site serves as a digital repository for AHRQ's PCOR publications. The EHC Program helps clinicians and patients determine which drugs and other medical treatments work best for certain health conditions.

The research is designed to be patient-centered—that is, to enable the clinician and patient to work together to select treatment options based on valid, reliable information from a neutral third party. PCOR directly compares two or more health care interventions. Direct comparison of a particular treatment and an established standard of care or other realistic treatment option, as opposed to a placebo, allows assessment of how well a health care intervention works under real-world conditions. AHRQ has paid careful attention not only to how studies are conducted, but also to how results are communicated to health care decisionmakers, including patients.

AHRQ is testing new approaches to disseminating “patient-centered outcomes research” (PCOR) that promote awareness of the Effective Health Care (EHC) Program and, collectively, reach AHRQ's priority audiences. These strategies include academic detailing, continuing education, media and marketing, partnership development at national and regional levels, and “virtual centers.” To implement these strategies, AHRQ has executed four dissemination contracts: Academic Detailing (AD), Online Continuing Education (CE), National Initiative for Promoting Evidence-Based Health Information (NI), and Regional Partnership Development Offices (RO).

This dissemination evaluation is meant to assess over time how effectively the new strategies enhance awareness, knowledge, use, and perceived benefits of CER generally and of EHC Program products specifically. The following model (Exhibit A.1) depicts AHRQ's framework for the dissemination strategies:

Exhibit A.1. Patient-Centered Outcomes Research (PCOR) Dissemination Framework Logic Model²¹



To achieve project goals, IMPAQ/Battelle, the evaluation contractor, obtains and analyzes dissemination contractors' quarterly metrics; conducts provider and consumer surveys and focus groups; conducts focus groups with health care system decisionmakers, health care purchasers, and policymakers; and reviews the EHC Program Web site and Publications Clearinghouse data.

A.2 General Research Approach

Our approach includes four components: (1) collecting quarterly metrics from the dissemination contractors; (2) conducting surveys with two key audiences (clinicians and consumers/patients) to capture awareness, understanding, behavior change, and benefits; (3) conducting follow-up focus groups with three strata of clinicians and consumers/patients;²² and (4) conducting mini focus groups with health system decisionmakers, purchasers, and policymakers to address the research questions for those audiences.

²¹Overview: AHRQ, OCKT, ARRA. Presented at the CER Dissemination Kick-Off Meeting, September 2010. Rockville, MD: Agency for Healthcare Research and Quality.

²²The three strata of clinicians and consumers/patients include (1) those who report awareness of CER and have self-reported use of CER; (2) those who report awareness of CER and self-reported non-use of CER; and (3) those who report no awareness of CER.

Whereas the dissemination contractors' quarterly metrics will provide insights on reach and dissemination, our initiatives will focus on understanding, knowledge, use, and benefits.

A.3 Research Questions and Goals

The goal of the data collection is to evaluate the four dissemination strategies to create awareness of CER and specific CER topics, with the ultimate impact of creating and increasing knowledge, promotion of CER utilization and behavior change, and benefits of using CER. This report focuses on data collection through surveys with consumers/patients at two points in time.

The surveys will assess (1) levels of awareness, understanding, use, and perceived benefits of CER in general as well as topic-specific CER; (2) if and in what way the levels of awareness, understanding, use, and perceived benefits of CER are changing; and (3) trends in awareness of AHRQ's EHC Program.

APPENDIX B: CONSUMER SURVEY

Form Approved
OMB No. 0935-0191
Exp. Date 3/31/2015

Part A. Awareness – Patient Centered Outcomes Research (PCOR) Unaided Awareness

There are a many ways to treat most medical illnesses and conditions. Different treatment options have different levels of benefits and risks of side effects, as well as costs.

Q1. Have you heard of the concept of comparing health care treatments with your clinician to decide what options will work best for you?

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW
- ☐ REFUSED

Q2. Have you heard about research that can help you compare treatment choices?

- ☐ YES
- ☐ NO → SKIP Part B intro
- ☐ DON'T KNOW → SKIP TO Part B intro
- ☐ REFUSED → SKIP TO Part B intro

Q3. Have you heard this research referred to by a specific name?

- ☐ YES
- ☐ NO → SKIP Part B intro
- ☐ DON'T KNOW → SKIP TO Part B intro
- ☐ REFUSED → SKIP TO Part B intro

Q4. What is the name of this kind of research?

RESPONDENT'S UNPROMPTED ANSWER MUST MATCH ONE OF FIRST THREE RESPONSE CATEGORIES; OTHERWISE CODE AS "OTHER" OR DON'T KNOW." PROCEED TO QUESTION 5.

- ☐ COMPARATIVE EFFECTIVENESS RESEARCH
- ☐ SHARED-DECISION MAKING
- ☐ PATIENT CENTERED OUTCOMES RESEARCH
- ☐ OTHER (SPECIFY: _____)

_____ DON'T KNOW
_____ REFUSED

Part B. Awareness - PCOR Aided Awareness

Medical research offers many ways to treat illnesses. There is research, called “comparative effectiveness research,” also known as Patient Centered Outcomes Research or PCOR (PRONOUNCED “PEA-CORE”), which evaluates treatment options by comparing the benefits, risks and possible side effects.

Q5. Prior to this survey, had you ever heard about the existence of research that helps you compare the treatment options?

_____ YES
_____ NO → SKIP TO Part C
_____ DON'T KNOW → SKIP TO Part C
_____ REFUSED → SKIP TO Part C

Q6. How did you hear about it?

INTERVIEWER: LISTEN TO RESPONDENT'S ANSWER AND CHECK ALL THAT APPLY.

_____ HEALTH CARE PROVIDER – DOCTOR, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, OR OTHER
_____ FRIEND OR FAMILY MEMBER
_____ PERSON/SPEAKER AT AN EVENT
_____ CLINIC/WIC/HEALTH DEPARTMENT
_____ ORGANIZATION
_____ SOCIAL MEDIA/BLOG (TWITTER or Facebook)
_____ WEB SITE
_____ EMAIL
_____ LISTSERVE
_____ NEWSPAPER/JOURNAL/MAGAZINE
_____ EXHIBIT
_____ POSTER/FLYER/BROCHURE
_____ OTHER (SPECIFY: _____)
_____ DON'T KNOW
_____ REFUSED

Q7. How long ago did you hear about it? Would you say...

_____ Within the last 3 months,
_____ Within the last 4-6 months,
_____ Within the last 7-9 months, or

- _____ More than 9 months ago?
- _____ DON'T KNOW
- _____ REFUSED

Q8. Did the information relate to a specific medical condition?

- _____ YES
- _____ NO
- _____ DON'T KNOW
- _____ REFUSED

Q9. Are you aware that there is research on the evaluation of treatment options for specific medical conditions?

- _____ YES
- _____ NO
- _____ DON'T KNOW
- _____ REFUSED

Part C. Awareness - EHCP Awareness

The Effective Health Care Program also called E.H.C.P., funds research that compares treatments for different health conditions. Researchers work with the Agency for Healthcare Research and Quality in developing the research.

Q10. Prior to this survey, had you ever heard of “Ark,” also called the “Agency for Healthcare Research and Quality”?

- _____ YES
- _____ NO
- _____ DON'T KNOW
- _____ REFUSED

Q11. Prior to this survey, had you ever heard of the Effective Health Care Program or E.H.C.P.?

- _____ YES
- _____ NO → If Q1 OR Q5 =YES, GO TO Part E Check. If Q1 AND Q5 =NO go to Part H
- _____ DON'T KNOW → SKIP TO Q13
- _____ REFUSED → SKIP TO Q13

Q12. How did you hear about it?

INTERVIEWER: LISTEN TO RESPONDENT'S ANSWER AND CHECK ALL THAT APPLY.

- ☐ HEALTH CARE PROVIDER – DOCTOR, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, OR OTHER
- ☐ FRIEND OR FAMILY MEMBER
- ☐ PERSON/SPEAKER AT AN EVENT
- ☐ CLINIC/WIC/HEALTH DEPARTMENT
- ☐ ORGANIZATION
- ☐ SOCIAL MEDIA/BLOG (TWITTER or Facebook)
- ☐ WEB SITE
- ☐ EMAIL
- ☐ LISTSERVE
- ☐ NEWSPAPER/JOURNAL/MAGAZINE
- ☐ EXHIBIT
- ☐ POSTER/FLYER/BROCHURE
- ☐ OTHER (SPECIFY: _____)
- ☐ DON'T KNOW
- ☐ REFUSED

Part D. Awareness - EHCP Web Site Awareness

"Ark" has a web site that contains information about research that helps you compare treatment options, and the Effectiveness Health Care Program or E.H.C.P.

Q13. Prior to this survey, had you ever heard of the Ark's E.H.C.P website, which is: www.effectivehealthcare.ahrq.gov?

- ☐ YES
- ☐ NO → If Q1 OR Q5 =YES, GO TO Part E,
- ☐ DON'T KNOW → SKIP TO PART E CHECK
- ☐ REFUSED → SKIP TO PART E CHECK

Q14. How did you hear about it?

INTERVIEWER: LISTEN TO RESPONDENT'S ANSWER AND CHECK ALL THAT APPLY.

- ☐ HEALTH CARE PROVIDER – DOCTOR, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, OR OTHER
- ☐ FRIEND OR FAMILY MEMBER
- ☐ PERSON/SPEAKER AT AN EVENT
- ☐ CLINIC/WIC/HEALTH DEPARTMENT
- ☐ ORGANIZATION

- _____ SOCIAL MEDIA/BLOG (TWITTER or Facebook)
- _____ WEB SITE
- _____ EMAIL
- _____ LISTSERVE
- _____ NEWSPAPER/JOURNAL/MAGAZINE
- _____ EXHIBIT
- _____ POSTER/FLYER/BROCHURE
- _____ OTHER (SPECIFY: _____)
- _____ DON'T KNOW
- _____ REFUSED

Q15. Have you ever visited the Effective Health Care Program web site:
www.effectivehealthcare.ahrq.gov?

- _____ YES
- _____ NO → GO TO PART E
- _____ DON'T KNOW → SKIP TO PART E CHECK

Q16. When was the last time you visited the web site? Would you say ...

- _____ In the past 3 months,
- _____ In the past 4-6 months,
- _____ In the past 7-9 months,
- _____ In the past 10-12 months, or
- _____ More than 12 months ago?
- _____ DON'T KNOW
- _____ REFUSED

Q17. Why did you visit the web site? Would you say ...

INTERVIEWER: READ RESPONSE CATEGORIES TO THE RESPONDENT AND CHECK ALL THAT APPLY.

- _____ To learn more about Effective Health Care Program,
- _____ To learn more about the evaluation of treatment options, in general,
- _____ To learn more about evaluation of treatment options on a specific topic,
- _____ To download information, or
- _____ Some other reason? SPECIFY: _____
- _____ DON'T KNOW
- _____ REFUSED

Q18. Were you able to find what you were looking for?

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW
- ☐ REFUSED

Q19. How many times have you visited the web site in the past 6 months? Would you say ...

- ☐ None,
- ☐ One time,
- ☐ Two times,
- ☐ Three times, or
- ☐ More than three times?
- ☐ DON'T KNOW
- ☐ REFUSED

PART E CHECK:

IF Q6 = MISSING THEN GO TO Q23

IF Q6 = ANY SOURCE OTHER THAN HEALTH CARE PROVIDER OR DON'T KNOW OR REFUSED,
CONTINUE TO Q22.

IF Q6 = HEALTH CARE PROVIDER, CONTINUE TO Q20.

Part E. Knowledge/Understanding - Knowledge/Understanding of PCOR

Q20. You indicated that you heard through your health care provider about research that helps you compare and evaluate treatment options. Did your health care provider start the discussion about how useful comparing treatments can be?

- ☐ YES → SKIP TO Q23
- ☐ NO
- ☐ DON'T KNOW
- ☐ REFUSED

Q21. Did you start the discussion on comparing treatment options?

- ☐ YES → SKIP TO Q23
- ☐ NO → SKIP TO Q23
- ☐ DON'T KNOW → SKIP TO Q23

_____ REFUSED → SKIP TO Q23

Q22. You indicated that you heard through (FILL SOURCE FROM Q6 IF Q6 = REFUSED/DON'T KNOW FILL WITH "A SOURCE") about research that helps you compare and evaluate treatment options. Do you understand how it can be useful?

_____ YES
_____ NO
_____ DON'T KNOW
_____ REFUSED

Q23. Do you feel you could describe this idea of evaluating treatment options to a family member or friend?

_____ YES
_____ NO
_____ DON'T KNOW
_____ REFUSED

Part F. Attitudes/Beliefs - Perceived Benefits of PCOR

Q24. I am going to read some statements. For each statement, tell me whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

a. Evaluating treatment options provides information to help you make good medical health care choices. Do you...

_____ Strongly Agree
_____ Agree
_____ Neither agree nor disagree
_____ Disagree, or
_____ Strongly Disagree
_____ DON'T KNOW
_____ REFUSED

b. Decisions reached after evaluating treatment options lead to better health outcomes for patients. Do you...

_____ Strongly Agree
_____ Agree
_____ Neither agree nor disagree
_____ Disagree or
_____ Strongly Disagree

____ DON'T KNOW
____ REFUSED

c. Decisions reached after evaluating treatment options lower medical expenses/costs. Do you...

____ Strongly Agree
____ Agree
____ Neither agree nor disagree
____ Disagree or
____ Strongly Disagree
____ DON'T KNOW
____ REFUSED

d. Evaluating treatment options results in unbiased information. Do you...

____ Strongly Agree
____ Agree
____ Neither agree nor disagree
____ Disagree or
____ Strongly Disagree
____ DON'T KNOW
____ REFUSED

e. Evaluating treatment options allows patients and doctors to make choices based on the needs of individual patients. Do you...

____ Strongly Agree
____ Agree
____ Neither agree nor disagree
____ Disagree or
____ Strongly Disagree
____ DON'T KNOW
____ REFUSED

f. Evaluating treatment options provides information I can trust. Do you...

____ Strongly Agree
____ Agree
____ Neither agree nor disagree
____ Disagree or

- ☐ Strongly Disagree
- ☐ DON'T KNOW
- ☐ REFUSED

Part G. Behavior Change/Use - Past/Current Use of PCOR Studies/Products

Q25. Do you **currently** use research that compares or evaluates different treatment options to help you make medical decisions?

- ☐ YES → SKIP TO Q28
- ☐ NO
- ☐ DON'T KNOW
- ☐ REFUSED

Q26. Have you **ever** used research that compares or evaluates different treatment options to help make medical decisions?

- ☐ YES
- ☐ NO → SKIP TO Q28
- ☐ DON'T KNOW → SKIP TO Q28
- ☐ REFUSED → SKIP TO Q28

Q27. When did you most recently use research that compares or evaluates different treatments to help you make medical decisions? Would you say....

- ☐ In the past 3 months,
- ☐ In the past 4-6 months,
- ☐ In the past 7-9 months,
- ☐ In the past 10-12 months, or
- ☐ More than 12 months ago?
- ☐ DON'T KNOW
- ☐ REFUSED

AHRQ's summaries of treatment option evaluations, which are written for consumers, are available from AHRQ's E.H.C.P website. These are tools to help you understand your condition and the choices that are available to you. Consumer summaries provide you with the evidence that exists about the benefits and risk for each treatment choice.

Q28. Prior to this survey, were you aware of these consumer summaries?

- ☐ YES

____ NO → SKIP TO Q33
____ DON'T KNOW → SKIP TO Q33
____ REFUSED → SKIP TO Q33

Q29. Have you ever used one or more of these consumer summaries?

____ YES
____ NO → SKIP TO Q33
____ DON'T KNOW → SKIP TO Q33
____ REFUSED → SKIP TO Q33

Q30. I am going to read some statements about these consumer summaries. For each statement, tell me whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

a. In general, these consumer summaries are easy to understand. Do you...

____ Strongly agree,
____ Agree,
____ Neither agree nor disagree,
____ Disagree, or
____ Strongly disagree?
____ DON'T KNOW
____ REFUSED

b. You can trust the information in these consumer summaries. Do you...

____ Strongly agree,
____ Agree,
____ Neither agree nor disagree,
____ Disagree, or
____ Strongly disagree?
____ DON'T KNOW
____ REFUSED

Q31. Did you and your health care provider use consumer summaries to make a decision about your health care during an office visit?

____ YES
____ NO → SKIP TO Q33
____ DON'T KNOW → SKIP TO Q33
____ REFUSED → SKIP TO Q33

Q32. Did you feel your health care provider was open to talking to you about the summaries so that you could make decisions together?

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW
- ☐ REFUSED

Q33. Where do you prefer to get your medical information from?

INTERVIEWER: LISTEN TO RESPONDENT'S ANSWER AND CHECK ALL THAT APPLY.

- ☐ HEALTH CARE PROVIDER – DOCTOR, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, OR OTHER
- ☐ FRIEND OR FAMILY MEMBER
- ☐ PERSON/SPEAKER AT AN EVENT
- ☐ CLINIC/WIC/HEALTH DEPARTMENT
- ☐ ORGANIZATION
- ☐ SOCIAL MEDIA/BLOG (TWITTER or Facebook)
- ☐ WEB SITE
- ☐ EMAIL
- ☐ LISTSERVE
- ☐ NEWSPAPER/JOURNAL/MAGAZINE
- ☐ EXHIBIT
- ☐ POSTER/FLYER/BROCHURE
- ☐ OTHER (SPECIFY: _____)
- ☐ DON'T KNOW
- ☐ REFUSED

Part H. Behavior Change/Use - Interest in Learning More About PCOR

Q34. Are you interested in learning more about evaluating treatment options for specific medical conditions?

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW
- ☐ REFUSED

Q35. Are you interested in learning more about the Effective Health Care Program?

- _____ YES
- _____ NO
- _____ DON'T KNOW
- _____ REFUSED

Q36. Are you interested in evaluating treatment options before making medical decisions for yourself, a family member, or close friend?

- _____ YES
- _____ NO
- _____ DON'T KNOW
- _____ REFUSED

Part I. Behavior Change/Use - Intention to Use PCOR Studies/Products

Q37. Within the next year, do you intend to use AHRQ's consumer summaries or other studies that evaluate treatment options to prepare for a medical visit or make medical decisions for you, a family member, or close friend?

- _____ YES
- _____ NO
- _____ DON'T KNOW
- _____ REFUSED

Part K. Exposure to Dissemination Strategies – Publicity Center: Media and Marketing

Q38 CHECK: IF Q5 = Yes and Q6 = ANY SOURCE OTHER THAN HEALTH CARE PROVIDER CONTINUE TO INTRODUCTION BELOW. OTHERWISE SKIP TO Q42.

If Q1=Yes OR Q5 = Yes then Q42 otherwise go to Part N (Q45)

Q38. From your earlier responses, you indicated you heard about the evaluation of treatment options from a source other than your health care provider, prior to this survey.

When was the last time you recall hearing/seeing the information? Would you say ...

- _____ Within the last month,
- _____ Within the last 2-4 months,
- _____ Within the last 5-6 months, or
- _____ Over six months ago?
- _____ DON'T KNOW

_____ REFUSED

Q39. Was the information on a specific medical condition?

_____ YES

_____ NO

_____ DON'T KNOW

_____ REFUSED

Q40. The information was useful to you. Do you . . .

_____ Strongly agree, _____ Agree,

_____ Neither agree nor disagree,

_____ Disagree, or

_____ Strongly disagree?

_____ DON'T KNOW

_____ REFUSED

Q41. What would have made it more useful?

SPECIFY: _____

Part L. Exposure to Dissemination Strategies – Publicity Center: Virtual Centers

Q42. In the past six months, have you seen links to the E.H.C.P. web site or information comparing treatment options on a website?

_____ YES

_____ NO → SKIP to Part M

_____ DON'T KNOW → SKIP to Part M

_____ REFUSED → SKIP to Part M

Q43. Which web site(s)?

SPECIFY: _____

Q44. What medical condition or conditions were addressed by the information you saw?

SPECIFY: _____

Part M. Exposure to Dissemination Strategies – Publicity Center and Regional Office: Partnerships

Q45. Are you a member of any organization that provides you with information about health care?

INTERVIEWER, IF NEEDED: For example, the A.A.R.P.

- ☐ YES
- ☐ NO → PART N
- ☐ DON'T KNOW → SKIP to Part N
- ☐ REFUSED → SKIP to Part N

Q46. Did the organization inform you about the EHCP or about the idea of research that compares or evaluates treatment options?

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW
- ☐ REFUSED

Part N. Other – Respondent Characteristics

Now I am going to ask you some questions for classification.

Q47. What is your age?

CODE RESPONSE INTO APPROPRIATE CATEGORY.

- ☐ 18-33 YEARS
- ☐ 34-44 YEARS
- ☐ 45-64 YEARS
- ☐ 65 YEARS OR OLDER
- ☐ DON'T KNOW
- ☐ REFUSED

Q48. What is your gender?

CODE RESPONSE INTO APPROPRIATE CATEGORY.

- ☐ MALE
- ☐ FEMALE
- ☐ DON'T KNOW
- ☐ REFUSED

Q49. Are you Hispanic or Latino?

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW
- ☐ REFUSED

Q50. What is your race? Are you ...

- ☐ American Indian or Alaska Native,
- ☐ Asian,
- ☐ Native Hawaiian or other Pacific Islander,
- ☐ Black or African American, or
- ☐ White or
- ☐ Other? Please specify _____
- ☐ DON'T KNOW
- ☐ REFUSED

Q51. Are you currently seeking medical care?

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW
- ☐ REFUSED

Q52. Do you provide care for another person with a medical condition?

INTERVIEWER, IF NEEDED, PROBE: This could include close friends or a family member.

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW
- ☐ REFUSED

Q53. Are you a member of a patient advocacy group?

INTERVIEWER, IF NEEDED: A patient advocacy group supports patient education and assists patients with information about how to obtain the needed medical care.

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW

_____ REFUSED

Q54. Do you participate in the Medicare program?

INTERVIEWER, IF NEEDED: Medicare is a U.S. government program of hospital and medical insurance for those 65 and over and for certain disabled people under the age of 65.

_____ YES
_____ NO
_____ DON'T KNOW
_____ REFUSED

Q55. Do you participate in the Medicaid program?

INTERVIEWER, IF NEEDED: Medicaid is a U.S. government program, financed by the federal, state and local governments for hospital and medical insurance for people of all ages that have certain income levels.

_____ YES
_____ NO
_____ DON'T KNOW
_____ REFUSED

Q56. In a few months, we will be conducting focus groups to learn more about patients' understanding of research comparing treatment options. Based on your answers to the questions we just asked, we may want to invite you to participate in these focus groups. You would need to have a telephone and computer to participate and we would pay you for your time. It will take about 90 minutes. Would you be willing to participate if we determine that you are eligible for a focus group?

_____ YES
_____ NO → SKIP TO CLOSING
_____ DON'T KNOW → SKIP TO CLOSING
_____ REFUSED → SKIP TO CLOSING

Q57a. Can you please confirm your full name, address, and telephone number?

I have your current name as: [PARTICIPANT NAME]

Is that correct?

- _____ YES
- _____ NO → TYPE IN CORRECT NAME
- _____ DON'T KNOW → TYPE IN CORRECT NAME
- _____ REFUSED → SKIP TO CLOSING

Q57b. I have your address at:

[PARTICIPANT ADDRESS]

Is that correct?

- _____ YES
- _____ NO → TYPE IN CORRECT ADDRESS
- _____ DON'T KNOW → TYPE IN CORRECT ADDRESS
- _____ REFUSED → SKIP TO CLOSING

Q57c. I have your phone number at:

[PARTICIPANT PHONE]

Is this the best phone number to reach you?

- _____ YES
- _____ NO → TYPE IN CORRECT PHONE NUMBER
- _____ DON'T KNOW → TYPE IN CORRECT PHONE NUMBER
- _____ REFUSED → SKIP TO CLOSING

Closing. Thank you for your help doing the survey. We appreciate your time.

Survey of Clinician Use of Information Resources for Making Patient Treatment Decisions

*Conducted
for*

Agency for Healthcare Research and
Quality U.S. Department of Health and
Human Services Rockville, Maryland

Public reporting burden for this collection of information is estimated to average 20 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-0191) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

Survey of Clinician Use of Information Resources for Making Patient Treatment Decisions

Battelle Memorial Institute (Battelle) is conducting this survey on behalf of the Agency for Healthcare Research and Quality (AHRQ). AHRQ is a Federal agency under the US Department of Health and Human Services charged with improving the quality, safety, efficiency, and effectiveness of health care for all Americans.

The purpose of the survey is to learn how clinicians use health care information resources to make treatment decisions for their patients. The results of the survey will be used to inform AHRQ's efforts to develop and disseminate unbiased, evidence-based information to patients, doctors, and others involved in health care decisionmaking.

Based on a proprietary list of all U.S. physicians compiled by the American Medical Association, we randomly selected approximately 2500 physicians to participate in this survey. You are being asked to participate in this survey because you were among the physicians selected.

Your participation in the survey is entirely voluntary. You can discontinue participation at any time. You can decline to answer any of the questions on the survey.

Completing the survey will take approximately 20 minutes. If you choose to participate, please fill out the questionnaire as completely and accurately as possible and return to Battelle in the postage-paid envelope provided in the survey packet. You will receive \$50 in appreciation for your time and effort for this survey.

This survey is designed to benefit society by gaining new knowledge that will assist AHRQ's efforts to develop and disseminate information for health care decisionmaking. You may not benefit personally from being in this research study.

Battelle will take several steps to maintain the confidentiality of survey participants. First, each survey participant will be assigned a unique identification number and names or any other personally identifying information will not be linked to survey responses. Second, we will not report the names and responses of individual participants to AHRQ or in any report or publication. Additionally, data provided to AHRQ at the completion of the study will not contain the names or any other personally identifying information.

If you have any questions about this study, please contact Dr. Judith Berkowitz (Battelle) at 1-866-846-9021. If you have any questions about your rights as a study participant, please call Dr. Margaret Pennybacker, chair of Battelle's Institutional Review Board, toll free at 1-877-810-9530, ext. 500.

**By completing and returning the survey questionnaire, you
are providing your consent to participate in this study.**

This part of the survey asks questions that will let us describe the survey participants. Please write in or check (✓) the best answer.

1. What is your age?

_____ years

2. What is your sex?

- ☐ Male
- ☐ Female

3. Are you Hispanic or Latino/Latina?

- ☐ Yes
- ☐ No

4. What is your race? *(Please check ✓ all that apply.)*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White

5. State of residence: *(Please check ✓ only one.)*

- | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> IL | <input type="checkbox"/> MT | <input type="checkbox"/> RI |
| <input type="checkbox"/> AK | <input type="checkbox"/> IN | <input type="checkbox"/> NE | <input type="checkbox"/> SC |
| <input type="checkbox"/> AZ | <input type="checkbox"/> IA | <input type="checkbox"/> NV | <input type="checkbox"/> SD |
| <input type="checkbox"/> AR | <input type="checkbox"/> KS | <input type="checkbox"/> NH | <input type="checkbox"/> TN |
| <input type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NJ | <input type="checkbox"/> TX |
| <input type="checkbox"/> CO | <input type="checkbox"/> LA | <input type="checkbox"/> NM | <input type="checkbox"/> UT |
| <input type="checkbox"/> CT | <input type="checkbox"/> ME | <input type="checkbox"/> NY | <input type="checkbox"/> VT |
| <input type="checkbox"/> DE | <input type="checkbox"/> MD | <input type="checkbox"/> NC | <input type="checkbox"/> VA |
| <input type="checkbox"/> DC | <input type="checkbox"/> MA | <input type="checkbox"/> ND | <input type="checkbox"/> WA |
| <input type="checkbox"/> FL | <input type="checkbox"/> MI | <input type="checkbox"/> OH | <input type="checkbox"/> WV |
| <input type="checkbox"/> GA | <input type="checkbox"/> MN | <input type="checkbox"/> OK | <input type="checkbox"/> WI |
| <input type="checkbox"/> HI | <input type="checkbox"/> MS | <input type="checkbox"/> OR | <input type="checkbox"/> WY |
| <input type="checkbox"/> ID | <input type="checkbox"/> MO | <input type="checkbox"/> PA | |

6. Are you a: *(Please check ✓ only one.)*
- ☐ Physician
 - ☐ Physician Assistant
 - ☐ Nurse Practitioner
 - ☐ Nurse
 - ☐ Pharmacist
 - ☐ Other (specify) _____
7. Since completing your medical training for the role you indicated in Question 6 (including residency and fellowship), how long have you been practicing medicine?
_____ years
8. If you are a physician, what is your primary clinical specialty? *(Please check ✓ only one.)*
- ☐ Family Medicine
 - ☐ General Internal Medicine
 - ☐ Obstetrics/Gynecology
 - ☐ Other – Please specify: _____
 - ☐ Not Applicable (“I am not a physician”)
9. If you are a physician, what is your clinical sub-specialty, if any?

- ☐ No clinical sub-specialty
10. Is your primary practice site located in one of the following? *(Please check ✓ only one.)*
- ☐ Private practice office
 - ☐ Ambulatory care clinic of hospital/medical center
 - ☐ Urgent care clinic
 - ☐ Community health center
 - ☐ Public health clinic
 - ☐ Hospital emergency department
 - ☐ Institutional setting/clinic (e.g., correctional, nursing home)
 - ☐ Clinic that is part of a Health Maintenance Organization (HMO)
 - ☐ Academic or teaching hospital
 - ☐ Other type of clinic (Specify): _____
11. Please provide your best estimate for the total number of clinical staff in your department or unit at your primary practice site who provide direct care to patients. Include physicians, nurses, physician assistants, full-time and part-time, etc.
- Number of clinical staff providing direct care: _____ *(Record number 0001-9999)*
- ☐ Don't know/not sure
12. On average, how many hours per week do you spend on **direct patient care**?
_____ HRS / WK

**If you spend less than 8 hours per week on direct patient care, please STOP
and return the survey in the postage-paid envelope.**

13. In general, with how many patients, if any, do you share educational materials to help them make informed decisions about their treatment options? *(Please check ✓ only one.)*
- ☐ I share materials with every patient
 - ☐ I share materials with most patients
 - ☐ I share materials with some patients
 - ☐ I rarely share materials with patients
 - ☐ I have never shared any fact sheets, summaries, or materials with my patients
 - ☐ Does not apply, I do not help patients make treatment decisions → **Go to Question #16**
14. When I do **not** discuss treatment options with my patients it is because... *(Please check ✓ all that apply.)*
- ☐ I don't have enough time
 - ☐ I don't want to confuse my patients
 - ☐ My organization or practice doesn't encourage my talking to patients about treatment options
 - ☐ My patients don't seem interested in hearing about treatment options
 - ☐ My patients look uncomfortable when I discuss treatment options with them
 - ☐ My patients have difficulty understanding their treatment options
 - ☐ My patients are quickly overwhelmed by the amount of information
 - ☐ My patients are already aware of their treatment options
 - ☐ My patients expect me to know what is best for them
 - ☐ When there are not treatment options to discuss
 - ☐ Not applicable, I discuss options with every patient
 - ☐ None of the above
15. When I **do** discuss treatment options with my patients... *(Please check ✓ all that apply.)*
- ☐ It is because my patients ask me for options
 - ☐ It is because my patients ask me about specific options
 - ☐ I tell them about the relative effectiveness of each option
 - ☐ I describe the potential cost of each option with them
 - ☐ I describe the risks and benefits of each option with them
 - ☐ I tell them about my experience with each option
 - ☐ None of the above

16. For many medical conditions, there are a variety of treatment options. Different treatments often have different levels of benefit and different levels of risk for side effects. Treatments can also differ on cost.

Have you ever heard about types of research that are designed to help you make treatment decisions with your patients by comparing the benefits and harms of different treatment options?

- ☐ Yes → **Go to Question #16a**
☐ No
☐ Don't know/not sure

16a. If you answered "Yes", what is this type of research called?

Please answer the relevant questions on this page before proceeding to the next page.

17. How familiar are you with the following types of research that help you make treatment decisions based on comparisons of benefits and harms of different options?

	Not at all familiar / never heard of it	Have heard the name but not familiar	Somewhat familiar	Mostly/Very familiar
a. Comparative effectiveness research (CER)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Evidence-based medicine (EBM)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Comparative treatments analysis (CTA)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Health technology assessment (HTA)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Patient-centered outcomes research (PCOR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Risks-benefits research (RBR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Please answer the questions on this page before proceeding to the next page.

The next questions are about your awareness and understanding of comparative effectiveness research (CER), a type of patient-centered outcomes research (PCOR).

18. **Comparative effectiveness research** compares different health care interventions for common conditions by rigorously evaluating existing scientific literature and generates new findings through scientific studies of different treatment and diagnostic interventions.

Where, if ever, have you read or heard about comparative effectiveness research?
(Please check ✓ all that apply.)

- ☐ Nowhere – never heard of comparative effectiveness research → **Go to Question #22**
- ☐ Article in a medical/science journal
- ☐ Advertisement in journal or trade magazines
- ☐ Web site
- ☐ Conference or professional meeting
- ☐ Colleagues
- ☐ Employer
- ☐ Advertisement on TV, radio, or in a store
- ☐ Educational visit at your place of practice by a trained professional
- ☐ Article in a newspaper or magazine or story on TV news
- ☐ Through a continuing education course
- ☐ Other (specify): _____
- ☐ I've heard of it before, but don't know where

19. In the table below, indicate whether or not each of the following statements reflects the principles and methods of comparative effectiveness research.

	Yes	No	Not Sure
a. Compares effectiveness and risks of established and emerging treatments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Addresses treatments for common chronic medical conditions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Includes reviews of existing scientific literature	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Includes new studies based on analyses of health care databases	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Includes new scientific studies testing the efficacy of specific new medical treatments or technologies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Is conducted by pharmaceutical companies and medical device manufacturers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Intended to support informed decisionmaking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Addresses treatments for acute medical conditions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Identifies areas of clinical uncertainty and gaps in the scientific literature	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Intended to assist in shared decisionmaking between clinicians and individual patients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Provides specific clinical practice recommendations for medical conditions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

20. In the table below, please indicate the extent to which you agree or disagree with the following statements about comparative effectiveness research in clinical decisionmaking.

Comparative effectiveness research....	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. Is neutral and unbiased	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Is scientifically rigorous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Provides findings that are descriptive, not prescriptive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Provides objective information about drugs, medical equipment, and treatments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Provides findings that support informed decisionmaking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Highlights current evidence about effectiveness, risks, and side effects	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Identifies areas of clinical uncertainty and gaps in the scientific literature	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. Includes confidence ratings on evidence in its reports, products, and materials	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. Helps me deliver better health care to my patients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. In general, medical decisions based on comparative effectiveness research lead to better patient outcomes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. Medical decisions based on comparative effectiveness research are more cost effective in the long run	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l. Leads to shared decisionmaking between clinicians and individual patients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

21. Below, we present a pair of adjectives that could be used to describe opinions about comparative effectiveness research. **For each pair of words, please check ✓ the box along the scale for each word pairing that describes your opinion of comparative effectiveness research.** Selecting a box closer to the word on the left means that your opinion is closer to the word on the left. Selecting a box closer to the right means your opinion is closer to the word on the right.

For clinical decisionmaking, comparative effectiveness research is:

Beneficial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not beneficial
Not helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Helpful
Easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hard to understand
Objective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biased
Not credible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credible
Trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Untrustworthy
Not valuable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremely valuable

22. How interested are you in learning more about comparative effectiveness research?
(Please check ✓ only one.)

- ☐ Not at all interested
- ☐ Not very interested
- ☐ Somewhat interested
- ☐ Interested
- ☐ Very interested

The next questions are about the U.S. Agency for Healthcare Research and Quality and its Effective Health Care Program.

23. The **U.S. Agency for Healthcare Research and Quality (AHRQ)** is a Federal government agency charged with improving the quality, safety, efficiency, and effectiveness of health care for all Americans. AHRQ is part of the U.S. Department of Health and Human Services and supports health services research that will improve the quality of health care and promote evidence-based decisionmaking.

How familiar are you with the U.S. Agency for Healthcare Research and Quality (AHRQ)?
(Please check ✓ only one.)

- ☐ Not at all familiar/never heard of it
- ☐ Have heard the name but not familiar
- ☐ Somewhat familiar
- ☐ Mostly/very familiar

24. The Effective Health Care Program funds individual researchers, research centers, and academic organizations to work together with the Agency for Healthcare Research and Quality (AHRQ) to produce effectiveness and comparative effectiveness research, types of patient-centered outcomes research, for clinicians, consumers, and policymakers.

How familiar are you with AHRQ's Effective Health Care Program? *(Please check ✓ only one.)*

- ☐ Not at all familiar/never heard of it → **Go to Question #32**
☐ Have heard the name but not familiar → **Go to Question #32**
☐ Somewhat familiar
☐ Mostly/Very familiar

25. Where have you heard about the Effective Health Care Program? *(Please check ✓ all that apply.)*

- ☐ Article in a medical/science journal
☐ Advertisement in journal or trade magazines
☐ Web site
☐ Conference or professional meeting
☐ Colleagues
☐ Advertisement on TV, radio, or in a store
☐ Educational visit at your place of practice by a trained professional
☐ Article in a newspaper or magazine or story on TV News
☐ Through a continuing education course
☐ From a professional organization I belong to via email, newsletter, or professional organization's Web site
☐ Other – Please specify: _____
☐ I've heard of it, but I don't know where

26. In the table below, indicate whether or not each of the following statements describes the Effective Health Care Program?

	Yes	No	Not Sure
a. Is co-sponsored by private health care and medical technology firms	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Funds and conducts comparative effectiveness research in the U.S.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Funds the development of new treatments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Screens all sponsored researchers for conflicts of interest	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. All reports are posted for public comment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. All reports are peer reviewed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Is sponsored by the Agency for Healthcare Research and Quality (AHRQ)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Open for public participation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Uses transparent and clearly documented processes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Includes clinicians as a target audience for research results	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Includes consumers/patients as a target audience for research results	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. Includes policymakers as a target audience for research results	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

For Questions 27, 28 and 29, please mark your responses in the appropriate column in the following table.

27. Which of the following materials and products **produced by the Effective Health Care Program** have you ever heard of?
28. Which of the following materials and **products produced by the Effective Health Care Program** have you ever read or used?
29. Which of the following materials and products **produced by the Effective Health Care Program** have you ever shared with a colleague or other health care professional?

Effective Health Care Program Materials and Products	Q27. Check the box if you have heard of it	Q28. Check the box if you have read/used it	Q29. Check the box if you shared it
a. Research reviews – comprehensive comparative reports based on completed scientific studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Original research reports – based on clinical research and studies that use health-care databases and other scientific resources and approaches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Research summaries – Short, plain-language guides summarizing findings of research reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Consumer/patient summaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Clinician summaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Policymaker summaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Continuing Medical Education/Continuing Education activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Webcast conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Slide library for presentations and presentation materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Educational videos on research topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have heard of NONE of the materials or products in Question 27, please check ☐ this box and then Go to Question # 30.

30. When was the **last time** you used any of the Effective Health Care Program's *clinician* products (e.g., treatment summaries, research reviews) to help *you* become better informed about treatment options for your patients? *(Please check ✓ only one.)*

- ☐ I have never used the products → **Go to Question #30a**
- ☐ In the last 3 months
- ☐ In the last 6 months
- ☐ 6 months to a year ago
- ☐ More than a year ago
- ☐ Don't know/not sure

30a. What are the reasons that *you* are **not** using the Effective Health Care Program's *clinician* products? *(Please check ✓ all that apply.)*

- ☐ I've never heard of them
- ☐ The data are inconclusive or insufficient to guide me in patient-centered treatment and management decisions
- ☐ The information is not relevant to my current area of practice
- ☐ I do not have time to access/refer to the information
- ☐ I do not remember to access/refer to the information
- ☐ Other – Please specify: _____
- ☐ Don't know/Not sure

31. When was the **last time** that you shared any of the Effective Health Care Program's consumer summaries with your *patients* to help *them* make better informed decisions about their treatment options? *(Please check ✓ only one.)*

- ☐ I have never shared any of those products with my patients
- ☐ In the last 3 months
- ☐ In the last 6 months
- ☐ 6 months to a year ago
- ☐ More than a year ago
- ☐ Don't know/not sure

The next questions are about your experience with the Effective Health Care Program's Web site – www.effectivehealthcare.ahrq.gov.

32. Where have you ever heard about the Effective Health Care Program **Web site**?
(Please check ✓ all that apply.)
- ☐ I've never heard of the Web site → **Go to Question #36**
 - ☐ Article in a medical/science journal
 - ☐ Advertisement in journal or trade magazines
 - ☐ From another Web site
 - ☐ Conference or professional meeting
 - ☐ Colleagues
 - ☐ Advertisement on TV, radio, or in a store
 - ☐ Educational visit at your place of practice by a trained professional
 - ☐ Article in a newspaper or magazine or story on TV news
 - ☐ Through a continuing education course
 - ☐ From a professional organization I belong to via email, newsletter, or professional organization's Web site
 - ☐ Other – Please specify: _____
 - ☐ I haven't seen any advertising or mention of the Web site
 - ☐ Don't know/not sure
33. Have you ever visited the Effective Health Care Program's Web site – www.effectivehealthcare.ahrq.gov?
- ☐ Yes
 - ☐ No → **Go to Question #36**
34. What, if anything, have you done while visiting the Effective Health Care Program's **Web site**? (Please check ✓ all that apply.)
- ☐ Read/downloaded a clinician summary
 - ☐ Read/downloaded a consumer summary
 - ☐ Suggested a topic
 - ☐ Made comments on a review
 - ☐ Taken a continuing education course
 - ☐ Requested additional information
 - ☐ Find information about a particular health condition or treatment topic
 - ☐ Learned more about the Effective Health Care Program
 - ☐ Learned more about comparative effectiveness research
 - ☐ Just looked around on the site
 - ☐ Other – Please specify: _____
 - ☐ Don't know/not sure

35. When was the last time you visited the Effective Health Care Program's **Web site**? *(Please check ✓ only one.)*

- ☐ In the last 3 months
- ☐ In the last 6 months
- ☐ 6 months to a year ago
- ☐ More than a year ago
- ☐ Don't know/not sure

The next questions are about your interests and future intentions regarding the Effective Health Care Program.

36. How interested are you in learning more about the Effective Health Care Program? *(Please check ✓ only one.)*

- ☐ Not at all interested
- ☐ Not very interested
- ☐ Somewhat interested
- ☐ Interested
- ☐ Very interested

37. Within the next year, how likely are you to use any of the Effective Health Care Program's *clinician* products to help you become better informed about treatment options for your patients? *(Please check ✓ only one.)*

- ☐ Definitely will not
- ☐ Probably will not
- ☐ Might or might not
- ☐ Probably will
- ☐ Definitely will

38. Within the next year, how likely are you to use any of the Effective Health Care Program's summaries for *patients* to help your patients make better-informed decisions about their treatment options? *(Please check ✓ only one.)*

- ☐ Definitely will not
- ☐ Probably will not
- ☐ Might or might not
- ☐ Probably will
- ☐ Definitely will

The next questions are about your experience with various ongoing efforts to share information about comparative effectiveness research and the Effective Health Care Program.

39. In the last 12 months, have you taken any on-line Continuing Medical Education / Continuing Education course that presented the findings from a systematic evidence review that used **comparative effectiveness research methods** to compare two or more treatment options or practices?

☐ Yes
☐ No
☐ Don't know/not sure

40. In the last 12 months, have you been visited by a patient-centered outcomes consultant who talked to you (or others in your practice) about comparative effectiveness research findings and the Effective Health Care Program?

☐ Yes → **Go to Question #40a**
☐ No
☐ Don't know/not sure

- 40a. What were the topics addressed by the patient-centered outcomes consultant?
(Please check ✓ all that apply.)

☐ Insulin Analogues in Premixed Formulations for Adults With Type 2 Diabetes
☐ Oral Diabetes Medications for Adults With Type 2 Diabetes
☐ Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), and Direct Renin Inhibitors for treating essential hypertension
☐ Other condition or treatment: Please specify: _____
☐ Don't know/not sure

41. In the last 12 months, have any of the professional organizations of which you are a member sent you any information about comparative effectiveness research or the Effective Health Care Program?

☐ Yes → **Go to Question #41a**
☐ No
☐ Don't know/not sure

- 41a. Did you receive the information from a national organization or regional/local organization? *(Please check ✓ only one.)*

☐ National organization
☐ Regional or local organization
☐ Neither national nor regional/local
☐ Don't know/not sure

42. To which of the following professional organizations do you belong?
(Please check ✓ all that apply.)
- ☐ American Medical Association
 - ☐ American Academy of Family Physicians
 - ☐ Society of General Internal Medicine
 - ☐ American College of Physicians
 - ☐ American College of Osteopathic Internists
 - ☐ American Academy of Pediatrics
 - ☐ American Congress of Obstetricians and Gynecologists
 - ☐ American Academy of Physician Assistants
 - ☐ Association of Physician Assistants in Obstetrics and Gynecology
 - ☐ Association of Family Practice Physician Assistants
 - ☐ Society for Physician Assistants in Pediatrics
 - ☐ American Academy of Nurse Practitioners
 - ☐ American College of Nurse Practitioners
 - ☐ National Association of Pediatric Nurse Practitioners
 - ☐ Association of Women's Health, Obstetric and Neonatal Nurses
 - ☐ American Nurses Association
 - ☐ American Academy of Nursing
 - ☐ Other national organization(s)
 - ☐ Other regional/local organization(s)
 - ☐ I do not belong to any professional organizations
43. In the last 12 months, have you seen, read or heard anything that encourages patients to explore and compare their treatment options with their doctors?
- ☐ Yes → **Go to Question #43a**
 - ☐ No
 - ☐ Don't know/not sure
- 43a. When was the last time you saw this information? (Please check ✓ only one.)
- ☐ In the last week
 - ☐ In the last month
 - ☐ About 2-3 months ago
 - ☐ About 4-6 months ago
 - ☐ More than 6 months ago
44. How familiar are you with the John M. Eisenberg Center for Clinical Decisions and Communications Science? (Please check ✓ only one.)
- ☐ Not at all familiar/never heard of it
 - ☐ Have heard the name but not familiar
 - ☐ Somewhat familiar
 - ☐ Mostly/very familiar

**THANK YOU FOR YOUR TIME AND EFFORT IN PARTICIPATING IN THIS
SURVEY. PLEASE MAIL THE COMPLETED SURVEY IN THE POSTAGE PAID
ENVELOPE TO:**

Attn: AHRQ Clinician Survey,
1100 Dexter Avenue North, Suite 400,

APPENDIX D: INTRODUCTORY LETTER FOR CONSUMERS

{ID Number}

{Date}

{FirstName}{LastName}

{Address1}

{City}, {State} {Zip}

Dear {FirstName}{LastName}:

The Agency for Healthcare Research and Quality (AHRQ) is sponsoring a study about health care services in the United States. The purpose of the study is to better understand how people work with their health care providers to make decisions about the best medical treatments for their medical situation. We are working with IMPAQ International, LLC a private research company that specializes in research on health care services, to conduct this study.

We would like to contact you and conduct a brief telephone interview. The interview will ask about your personal experiences working with health care providers (like doctors, nurses, and other medical personnel) and your role in making decisions about your health care treatments. The interview takes about 20 minutes to complete.

In the next few weeks, an interviewer from IMPAQ International will call you to arrange a convenient time to conduct the interview. Your participation is voluntary and you may refuse to answer any questions or stop the interview at any time. Your answers will be kept confidential to the extent permitted by law, including AHRQ's confidentiality statute, 42 USC 299c-3(c). You will never be personally identified in any report based on the survey. No one will attempt to sell you anything or ask for a donation because you participated in this study.

If you would like to set up an appointment to complete the interview, please call us toll-free at 1-877-367-0088. If you have questions about the purpose of this study, please contact the study director, Sari Siegel, Ph.D., of IMPAQ International, at 1-855-237-3330.

Thank you in advance for your participation. Your input is critical to the success of the study. We look forward to speaking with you soon.

Sincerely,

Carolyn Clancy, MD
Director, Agency for Healthcare Research and Quality

APPENDIX E: CONSUMER SCREENER QUESTIONS

Form Approved OMB No. 0935-0191 Exp. Date 3/31/2015

AHRQ CER Dissemination Evaluation - Consumer Survey Screener

S1. Hello, my name is [INTERVIEWER NAME] and I am calling from IMPAQ International on behalf of the Agency for Healthcare Research and Quality. May I speak to [RESPONDENT NAME]?

SAMPLE MEMBER AVAILABLE, GO TO S2.

SAMPLE MEMBER NOT AVAILABLE, GOT TO TAB THAT APPLIES

Non response

Appointment

Other

No Answer

Answer Machine

Disconnected

Busy

Help

Phone Collection

Phone Collection

S2. We are conducting a short survey for the Agency for Healthcare Research and Quality. You may have recently received a letter explaining the study to you. The purpose of the survey is to learn about your awareness of research that may help you make decisions about your health care. The survey takes about 15-20 minutes to complete. Are you willing to participate?

OK TO CONTINUE..... 1 → GO TO S3

NOT A GOOD TIME 0 → GO TO APPOINTEMNT TAB

REFUSED..... 7 → GO TO HELP TAB, NON RESPONSE TAB, or
CONTINUE TO SURVEY IF THE REPOSDENT EVENTUALLY AGREES

R HESTITATES TO DO SURVEY.....9→GO TO HELP TAB, NON RESPONSE TAB, or
CONTINUE TO SURVEY IF THE REPOSDENT EVENTUALLY AGREES

R HAS QUESTION ABOUT THE STUDY..... 6→GO TO HELP TAB, NON RESPONSE TAB, or
CONTINUE TO SURVEY IF THE REPOSDENT EVENTUALLY AGREES

S3. Thank you. Before we begin the survey, I need to ask a few questions to determine your eligibility.

OK TO CONTINUE.....1→ GO TO S4

NOT A GOOD TIME FOR SM 0→ GO TO APPOINTMENT TAB

REFUSED..... 7→ GO TO HELP TAB, NON RESPONSE TAB, or
CONTINUE TO SURVEY IF THE REPOSDENT EVENTUALLY AGREES

R HESITATES TO DO SURVEY.....9→GO TO HELP TAB, NON RESPONSE TAB, or
CONTINUE TO SURVEY IF THE REPOSDENT EVENTUALLY AGREES

R HAS QUESTION ABOUT THE STUDY..... 6→GO TO HELP TAB, NON RESPONSE TAB, or
CONTINUE TO SURVEY IF THE REPOSDENT EVENTUALLY AGREES

S4. Do you consider yourself to be fluent in English?

YES..... 01 → GO TO S5

NO..... 02 → Unfortunately you are not eligible for the survey. Thank you for your
time. TERMINATE.

S5. Do you or does someone in your household work for the Agency for Healthcare
Research and Quality?

YES..... 01 → Unfortunately you are not eligible for the survey. Thank you for your
time. TERMINATE.

NO..... 02 → GO TO S6

S6. Are you a health care provider (i.e. physician, nurse, allied health worker) or work for a
medical device or prescription drug company?

YES..... 01 → Unfortunately you are not eligible for the survey. Thank you for your
time. TERMINATE.

NO..... 02 → GO TO S7

INTERVIEWER, IF NEEDED: Examples of medical devices include pacemaker, hospital or surgical
instruments, thermometers, and blood sugar meters.

S7. Have you visited a doctor or other health care professional in the past 12 months?

PROBE IF NECESSARY: This could include a doctor, nurse, physician assistant or other type of health care professional.

YES..... 01 → GO TO S8

NO..... 02 → Unfortunately you are not eligible for the survey. Thank you for your time. TERMINATE.

S8. Before we begin the survey, we want to emphasize that your participation is completely voluntary. The Agency for Healthcare Research and Quality, or “Ark” for short, has obtained approval to conduct the survey from the federal government's Office of Management and Budget. Anything you say will be kept confidential and your name will not be used in any way. Your answers will not be shared with anyone outside of Ark in any manner that would enable someone to identify you. You may refuse to answer any question we ask, and you may discontinue participation at any time. However, we hope that you will choose to answer as many questions as you can. This call may be monitored for quality assurance. May we begin?

RESPOND TO ANY QUESTIONS/CONCERNS AS NEEDED. REFER TO FREQUENTLY ASKED QUESTIONS AND ANSWERS.

YES..... 01 → END OF SCREENER. BEGIN INTERVIEW.

NO, NOT A GOOD TIME..... 02 → GO TO APPOINTMENT TAB

NO, REFUSED..... 03 → Thank you for your time. TERMINATE.

APPENDIX F: FREQUENCY TABLES OF CONSUMER RESPONSES

Part A. Awareness – Patient-Centered Outcomes Research (PCOR) Unaided Awareness

Q1. Have you heard of the concept of comparing healthcare treatments with your clinician to decide what options will work best for you?

	Freq.	Unweighted Percentage	Weighted Percentage
Yes	531	56.01	65.31
No	393	41.46	31.83
Refused	4	0.42	0.96
Don't Know	20	2.11	1.89
Total	948	100.00	100.00

Q2. Have you heard about research that can help you compare treatment choices?

	Freq.	Unweighted Percentage	Weighted Percentage
Yes	371	39.14	45.24
No	559	58.97	51.98
Refused	2	0.21	0.21
Don't Know	16	1.69	2.57
Total	948	100.00	100.00

Q3. Have you heard this research referred to by a specific name?

	Freq.	Unweighted Percentage	Weighted Percentage
Yes	34	9.16	11.20
No	327	88.14	87.69
Refused	2	0.54	0.16
Don't Know	8	2.16	0.95
Total	371	100.00	100.00

Q4. What is the name of this kind of research?

	Freq. *	Unweighted Percentage	Weighted Percentage
Comparative Effectiveness Research	2	5.8824	2.8139
Patient-Centered Outcomes Research	2	5.8824	4.2073
Don't Know	14	41.1765	61.2585
Other*	16	47.0588	31.7204
Total	34	100.00	100.00

*Wherever applicable, responses in the "Other" category were recoded into one of the existing categories.

Q4_SPEC. What is the name of this kind of research? OTHER (SPECIFY: _____)			
	Freq.	Unweighted Percentage	Weighted Percentage
Accountable Care Organization	1	7.14	3.43
AHRQ	1	7.14	25.29
Alternative Wellness	1	7.14	25.29
American Migraine Assn.	1	7.14	1.16
Blue Cross	1	7.14	1.16
Clinical Studies	1	7.14	1.16
Cost-Benefit Analysis Research	1	7.14	25.29
Cost-Effectiveness Research	1	7.14	3.43
Effects Of Treating An Illness Or Deficiency	1	7.14	1.16
Quality Outcomes Research	1	7.14	3.43
Research On Smoking	1	7.14	1.16
Sleep Apnea	1	7.14	3.43
Stem-Cell Research	1	7.14	3.43
Texas Research W/ Her Having Small Arteries	1	7.14	1.16
Total	14	100.00	100.00

*Only those responses in the "Other" category that could not be recoded into one of the existing response categories are included.

Part B. Awareness - PCOR Aided Awareness

Q5. Prior to this survey, had you ever heard about the existence of research that helps you compare the treatment options?

	Freq.	Unweighted Percentage	Weighted Percentage
Yes	174	18.35	20.69
No	751	79.22	77.45
Refused	3	0.32	0.18
Don't Know	20	2.11	1.68
Total	948	100.00	100.00

Q6. How did you hear about it?

	Freq. *	Unweighted Percentage †	Weighted Percentage †
Health care provider - doctor, physician assistant, nurse practitioner, or other	38	21.84	18.29
Friend or family member	16	9.20	15.35
Person/Speaker at an Event	1	0.57	0.17
Clinic/wic/health department	2	1.15	3.97
Organization	4	2.30	2.06
Social media/blog (twitter or facebook)	2	1.15	1.03
Web site	37	21.26	19.48
Newspaper/journal/magazine	47	27.01	20.88
Poster/Flyer/Brochure	2	1.15	0.35
Television/radio	37	21.26	18.80
Other	32	18.39	18.43
Refused	1	0.57	0.52
Don't Know	6	3.45	1.73
Number of Responses	225	-	-
Number of Responses	174	-	-

*Wherever applicable, responses in the "Other" category were recoded into one of the existing categories.

†Respondents could choose more than one category. "Percent" is calculated as a percentage of total respondents who selected a particular category.

Q6_Spec. How did you hear about it? OTHER (SPECIFY: _____)

	Freq.*	Unweighted Percentage	Weighted Percentage
Drug Companies	1	3.13	0.89
Formula For Department Of Insurance	1	3.13	19.33
Group Seminars	1	3.13	0.89
Has Parkinson's Disease	1	3.13	0.89
Health Insurance	1	3.13	19.33

Q6_Spec. How did you hear about it? OTHER (SPECIFY: _____)			
	Freq.*	Unweighted Percentage	Weighted Percentage
Healthy Options	1	3.13	2.62
Heard Other People Talking About It	1	3.13	0.89
Information From Gov't	1	3.13	2.62
Just Inherited Knowledge	1	3.13	2.62
Letter In The Mail	1	3.13	0.89
New	1	3.13	0.89
Patient In Doctor's Office	1	3.13	0.89
People In Grocery Store	1	3.13	2.62
Prescription	1	3.13	2.62
Printed Publications In The Dr's Office	1	3.13	2.62
R Said We Called Him	1	3.13	0.89
Research/School	6	18.75	12.27
University Of Birmingham Hosiptal	1	3.13	2.62
Work	9	28.13	23.62
Total Responses	32	100.00	100.00

*Only those responses in the "Other" category that could not be recoded into one of the existing response categories are included.

Q7. How long ago did you hear about it? Would you say			
	Freq.	Unweighted Percentage	Weighted Percentage
Within the last 3 months	40	22.99	23.96
Within the last 4-6 months	30	17.24	26.39
Within the last 7-9 months	11	6.32	7.58
More than 9 months ago	87	50.00	36.71
Don't Know	2	1.15	0.69
Total	174	100.00	100.00

Q8. Did the information relate to a specific medical condition?			
	Freq.	Unweighted Percentage	Weighted Percentage
Yes	97	55.75	51.91
No	66	37.93	44.13
Refused	1	0.57	0.17
Don't Know	10	5.75	3.79
Total	174	100.00	100.00

Q9. Are you aware that there is research on the evaluation of treatment options for specific medical conditions?			
	Freq.	Unweighted Percentage	Weighted Percentage
Yes	152	87.36	85.52
No	20	11.49	14.13
Refused	1	0.57	0.17
Don't Know	1	0.57	0.17
Total	174	100.00	100.00

Part C. Awareness - EHC Program Awareness

Q10. Prior to this survey, had you ever heard of AHRQ also called the “Agency for Healthcare Research and Quality”?

	Freq.	Unweighted Percentage	Weighted Percentage
Yes	70	7.38	10.74
No	860	90.72	86.97
Refused	2	0.21	0.82
Don’t Know	16	1.69	1.47
Total	948	100.00	100.00

Q11. Prior to this survey, had you ever heard of the Effective Health Care Program or E.H.C.P.?

	Freq.	Unweighted Percentage	Weighted Percentage
Yes	48	5.06	7.28
No	878	92.62	90.83
Refused	1	0.11	0.04
Don’t Know	21	2.22	1.86
Total	948	100.00	100.00

Q12. How did you hear about it?

	Freq. *	Unweighted Percentage [†]	Weighted Percentage [†]
Healthcare Provider - Doctor or Nurse	9	18.75	18.62
Family or Friend	10	20.83	6.88
Clinic, WIC, Health Department	1	2.08	0.49
Organization	3	6.25	1.48
Web Site	8	16.67	38.70
Newspaper/Journal/Magazine	14	29.17	31.38
Television/Radio	7	15.22	24.82
Poster/Flyer/Brochure	2	4.17	11.28
Other*	18	37.50	14.72
Total Responses	72	-	
Total Respondents	52	-	

*Wherever applicable, responses in the “Other” category were recoded into one of the existing categories.

†Respondents could choose more than one category. “Percent” is calculated as a percentage of total respondents who selected a particular category.

Q12_Spec. How did you hear about it? OTHER (SPECIFY: _____)			
	Freq.*	Unweighted Percentage	Weighted Percentage
Mail	2	11.76	6.95
Medicare Insurance And Mayo Clinic	1	5.88	3.48
Radio	1	5.88	10.29
Television	8	47.06	41.44
Work	5	29.41	37.83
Total Responses	18	100.00	100.00

*Only those responses in the "Other" category that could not be recoded into one of the existing response categories are included.

Part D. Awareness - EHC Program Web Site Awareness

Q13. Prior to this survey, had you ever heard of the AHRQ's E.H.C.P Web site, which is: www.effectivehealthcare.ahrq.gov?

	Freq.	Unweighted Percentage	Weighted Percentage
Yes	12	17.39	24.21
No	54	78.26	66.41
Refused	0	0.00	0.00
Don't Know	3	4.35	9.38
Total	69	100.00	100.00

Q14. How did you hear about it?

	Freq.	Unweighted Percentage	Weighted Percentage
Healthcare Provider - Doctor or Nurse	2	16.67	9.64
Family or Friend	2	16.67	6.44
Website	5	41.67	82.23
Newspaper/Journal/Magazine	2	16.67	6.44
Other	5	41.67	14.52
Total	16	100.00	100.00

Q14_Spec. How did you hear about it? OTHER (SPECIFY: _____)

	Freq.	Unweighted Percentage	Weighted Percentage
Television	2	40.00	44.40
Work	3	60.00	55.60
Total	5	100.00	100.00

Q15. Have you ever visited the Effective Health Care Program web site: www.effectivehealthcare.ahrq.gov?

	Freq.	Unweighted Percentage	Weighted Percentage
Yes	3	25.00	41.93
No	9	75.00	58.07
Refused	0	0.00	0.00
Don't Know	0	0.00	0.00
Total	12	100.00	100.00

Q16. When was the last time you visited the Web site?

	Freq.	Unweighted Percentage	Weighted Percentage
In the past 3 months	2	66.67	88.51
In the past 4-6 months	1	33.33	11.49
Total	3	100.00	100.00

17: Why did you visit the Web site?			
	Freq.	Unweighted Percentage	Weighted Percentage
To learn more about Effective Health Care Program	2	66.67	15.37
To learn more about evaluation of treatment options on a specific topic	1	33.33	3.88
To learn more about the evaluation of treatment options, in general	1	33.33	84.63
Number Of Responses	4	-	-

†Respondents could choose more than one category. "Percent" is calculated as a percentage of total respondents who selected a particular category.

Q18: Were you able to find what you were looking for?			
	Freq.	Unweighted Percentage	Weighted Percentage
Yes	2	66.67	88.51
No	1	33.33	11.49
Total	3	100.00	100.00

Q19: How many times have you visited the Web site in the past 6 months?			
	Freq.	Unweighted Percentage	Weighted Percentage
Two times	1	33.33	11.49
More than three times?	2	66.67	88.51
Total	3	100.00	100.00

Part E. Knowledge/Understanding - Knowledge/Understanding of PCOR

Q20. You indicated that you heard through your health care provider about research that helps you compare and evaluate treatment options. Did your health care provider start the discussion about how useful comparing treatments can be?

	Freq.	Unweighted Percentage	Weighted Percentage
Yes	21	52.50	50.92
No	17	42.50	47.25
Refused	0	0	0
Don't Know	2	5.00	1.83
Total	40	100.00	100.00

Q21. Did you start the discussion on comparing treatment options?

	Freq.	Unweighted Percentage	Weighted Percentage
Yes	8	42.11	25.93
No	9	47.37	66.67
Refused	0	0.00	0.0
Don't Know	2	10.53	7.40
Total	19	100.00	100.00

Q22. You indicated that you heard through (a source other than Healthcare Provider) about research that helps you compare and evaluate treatment options. Do you understand how it can be useful?

	Freq.	Unweighted Percentage	Weighted Percentage
Yes	124	92.54	97.43
No	8	5.97	1.72
Refused	0	0.00	0.00
Don't Know	2	1.49	0.85
Total	134	100.00	100.00

Q23. Do you feel you could describe this idea of evaluating treatment options to a family member or friend?

	Freq.	Unweighted Percentage	Weighted Percentage
Yes	365	61.04	67.63
No	189	31.61	28.45
Refused	3	0.50	0.25
Don't Know	41	6.86	3.68
Total	598	100.00	100.00

Part F. Attitudes/Beliefs - Perceived Benefits of PCOR

Q24. I am going to read some statements. For each statement, tell me whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

Q24a. Evaluating treatment options provides information to help you make good medical healthcare choices.			
	Freq.	Unweighted Percentage	Weighted Percentage
Strongly agree	213	35.62	44.49
Agree	323	54.01	43.66
Neither agree nor disagree	32	5.35	8.08
Disagree	17	2.84	1.99
Strongly disagree	2	0.33	0.10
Refused	2	0.33	0.10
Don't Know	9	1.51	1.59
Total	598	100.00	100.00

Q24b. Decisions reached after evaluating treatment options lead to better health outcomes for patients.			
	Freq.	Unweighted Percentage	Weighted Percentage
Strongly agree	152	25.42	31.90
Agree	327	54.68	49.52
Neither agree nor disagree	80	13.38	13.77
Disagree	22	3.68	2.83
Strongly disagree	3	0.50	0.25
Refused	2	0.33	0.10
Don't Know	12	2.01	1.64
Total	598	100.00	100.00

Q24c. Decisions reached after evaluating treatment options lower medical expenses/costs.			
	Freq.	Unweighted Percentage	Weighted Percentage
Strongly agree	72	12.04	11.84
Agree	232	38.80	32.26
Neither agree nor disagree	182	30.43	39.29
Disagree	68	11.37	10.50
Strongly disagree	17	2.84	3.32
Refused	3	0.50	0.15
Don't Know	24	4.01	2.63
Total	598	100.00	100.00

Q24d. Evaluating treatment options results in unbiased information.			
	Freq.	Unweighted Percentage	Weighted Percentage
Strongly agree	56	9.36	13.77
Agree	258	43.14	42.22
Neither agree nor disagree	150	25.08	26.85
Disagree	93	15.55	12.99
Strongly disagree	8	1.34	0.69
Refused	7	1.17	0.45
Don't Know	26	4.35	3.03
Total	598	100.00	100.00

Q24e. Evaluating treatment options allows patients and doctors to make choices based on the needs of individual patients.			
	Freq.	Unweighted Percentage	Weighted Percentage
Strongly agree	183	30.60	35.37
Agree	339	56.69	52.43
Neither agree nor disagree	30	5.02	3.82
Disagree	28	4.68	5.11
Strongly disagree	3	0.50	0.25
Refused	4	0.67	0.20
Don't Know	11	1.84	2.83
Total	598	100.00	100.00

Q24f. Evaluating treatment options provides information I can trust.			
	Freq.	Unweighted Percentage	Weighted Percentage
Strongly agree	73	12.21	18.63
Agree	303	50.67	43.66
Neither agree nor disagree	146	24.41	25.71
Disagree	43	7.19	6.84
Strongly disagree	5	0.84	1.39
Refused	3	0.50	0.15
Don't Know	25	4.18	3.63
Total	598	100.00	100.00

Part G. Behavior Change/Use - Past/Current Use of PCOR Studies/Products

Q25. Do you currently use research that compares or evaluates different treatment options to help you make medical decisions?

	Freq.	Unweighted Percentage	Weighted Percentage
Yes	290	48.50	51.83
No	292	48.83	46.04
Refused	3	0.50	0.15
Don't Know	13	2.17	1.98
Total	598	100.00	100.00

Q26. Have you ever used research that compares or evaluates different treatment options to help make medical decisions?

	Freq.	Unweighted Percentage	Weighted Percentage
Yes	83	26.95	20.67
No	212	68.83	73.25
Refused	5	1.62	0.72
Don't Know	8	2.60	5.35
Total	308	100.00	100.00

Q27. When did you most recently use research that compares or evaluates different treatments to help you make medical decisions?

	Freq.	Unweighted Percentage	Weighted Percentage
In the past 3 months	9	10.84	7.47
In the past 4-6 months	9	10.84	16.94
In the past 7-9 months	9	10.84	11.41
In the past 10-12 months, or	5	6.02	3.50
More than 12 months ago	51	61.45	60.68
Don't Know	0	0	0
Total	83	100.00	100.00

AHRQ's summaries of treatment option evaluations, which are written for consumers, are available from AHRQ's EHC Program Web site. These are tools to help you understand your condition and the choices that are available to you. Consumer summaries provide you with the evidence that exists about the benefits and risk for each treatment choice.

Q28. Prior to this survey, were you aware of these consumer summaries?			
	Freq.	Unweighted Percentage	Weighted Percentage
Yes	70	11.71	11.35
No	519	86.79	87.16
Refused	3	0.50	0.15
Don't Know	6	1.00	1.34
Total	598	100.00	100.00

Q29. Have you ever used one or more of these consumer summaries?			
	Freq.	Unweighted Percentage	Weighted Percentage
Yes	26	37.14	40.16
No	44	62.86	59.84
Refused	0	0.00	0.0
Don't Know	0	0	0
Total	70	100.00	100.00

Q30. I am going to read some statements about these consumer summaries. For each statement, tell me whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

Q30a. In general, these consumer summaries are easy to understand			
	Freq.	Unweighted Percentage	Weighted Percentage
Strongly agree	4	15.38	33.67
Agree	16	61.54	48.99
Neither agree nor disagree	3	11.54	9.75
Disagree	2	7.69	4.35
Strongly disagree	1	3.85	3.25
Refused	0	0.00	0.00
Don't Know	0	0.00	0.00
Total	26	100.00	100.00

Q30b. You can trust the information in these consumer summaries.			
	Freq.	Unweighted Percentage	Weighted Percentage
Strongly agree	3	11.54	30.42
Agree	10	38.46	17.42
Neither agree nor disagree	9	34.62	43.46
Disagree	3	11.54	5.44
Strongly disagree	1	3.85	3.25
Refused	0	0.00	0.00
Don't Know	0	0.00	0.00
Total	26	100.00	100.00

Q31. Did you and your health care provider use consumer summaries to make a decision about your health care during an office visit?			
	Freq.	Unweighted Percentage	Weighted Percentage
Yes	13	50.00	72.83
No	13	50.00	27.17
Refused	0	0.00	0.0
Don't Know	0	0.00	0.00
Total	26	100.00	100.00

Q32. Did you feel your health care provider was open to talking to you about the summaries so that you could make decisions together?			
	Freq.	Unweighted Percentage	Weighted Percentage
Yes	13	100.00	100.00
No	0	0.00	0.0
Refused	0	0.00	0.0
Don't Know	0	0.00	0.0
Total	13	100.00	100.00

Q33. Where do you prefer to get your medical information from?			
	Freq. *	Unweighted Percent[†]	Weighted Percent[†]
Healthcare Provider - Doctor or Nurse	479	80.10	72.95
Friend or Family	260	43.48	58.20
Person/Speaker at an event	1	0.17	0.05
Newspaper/Journal/Magazine	85	14.21	10.47
Other*	54	9.03	6.94
Self	5	2.91	1.31
Television/Radio	4	2.33	1.12
Clinic, WIC, Health Department	14	2.34	3.17
Organization	19	3.18	2.58
Poster/Flyer/Brochure	4	0.67	0.30
Total Responses	925	-	-
Total Respondents	598	-	-

*Wherever applicable, responses in the "Other" category were recoded into one of the existing categories.

†Respondents could choose more than one category. "Percent" is calculated as a percentage of total respondents who selected a particular category.

Q33_Spec. Where do you prefer to get your medical information from? OTHER (SPECIFY: _____)

	Freq.*	Unweighted Percentage	Weighted Percentage
Anywhere That's Pertinent And Valid To The Subject	1	2.17	0.94
Books	4	8.70	3.77
Clinical Research	1	2.17	0.94
Dictionary	1	2.17	0.94
Different Sources	1	2.17	0.94
Employer	1	2.17	2.79
Federal Agency	1	2.17	2.79
From Prescription Side Effects Paper	1	2.17	0.94
Government Social Security	1	2.17	2.79
Grad From College To And Questions	1	2.17	0.94
Hospital	2	4.35	5.59
Library	3	6.52	6.53
Library Research Manuals And Periodicals	1	2.17	2.79
Library/ Books	1	2.17	2.79
Mail	2	4.35	5.59
Medical Book	1	2.17	0.94
Medical Dictionary	1	2.17	2.79
No Preferred Source	1	2.17	0.94
Other Patients	1	2.17	0.94
Pamphlets In Doctor's Office	1	2.17	2.79
Prescription Labels	1	2.17	0.94
Promotional Info	1	2.17	0.94
Radio	1	2.17	0.94
Television	14	30.43	24.30
The Library	1	2.17	20.57
Through The Mail	1	2.17	2.79
Total	46	100.00	100.00

*Only those responses in the "Other" category that could not be recoded into one of the existing response categories are included.

Part H. Behavior Change/Use - Interest in Learning More About PCOR

Q34. Are you interested in learning more about evaluating treatment options for specific medical conditions?			
	Freq.	Unweighted Percentage	Weighted Percentage
Yes	443	46.73	50.59
No	455	48.00	45.88
Refused	13	1.37	0.68
Don't Know	37	3.90	2.86
Total	948	100.00	100.00

Q35. Are you interested in learning more about the Effective Health Care Program?			
	Freq.	Unweighted Percentage	Weighted Percentage
Yes	500	52.74	58.36
No	407	42.93	38.57
Refused	7	0.74	0.39
Don't Know	34	3.59	2.68
Total	948	100.00	100.00

Q36. Are you interested in evaluating treatment options before making medical decisions for yourself, a family member, or close friend?			
	Freq.	Unweighted Percentage	Weighted Percentage
Yes	664	70.04	74.24
No	247	26.05	23.80
Refused	5	0.53	0.32
Don't Know	32	3.38	1.65
Total	948	100.00	100.00

Part I. Behavior Change/Use - Intention to Use PCOR Studies/Products

Q37. Within the next year, do you intend to use AHRQ's consumer summaries or other studies that evaluate treatment options to prepare for a medical visit or make medical decisions for you, a family member, or close friend?

	Freq.	Unweighted Percentage	Weighted Percentage
Yes	368	38.82	45.23
No	443	46.73	39.96
Refused	12	1.27	0.78
Don't Know	125	13.19	14.02
Total	948	100.00	100.00

Part K. Exposure to Dissemination Strategies – Publicity Center: Media and Marketing

Q38. From your earlier responses, you indicated you heard about the evaluation of treatment options from a source other than your health care provider, prior to this survey.

When was the last time you recall hearing/seeing the information? Would you say ...

	Freq.	Unweighted Percentage	Weighted Percentage
Within the last month	38	28.36	38.51
Within the last 2-4 months	30	22.39	24.90
Within the last 5-6 months, or	17	12.69	11.07
Over six months ago	45	33.58	24.24
Refused	0	0.00	0.00
Don't Know	4	2.99	1.28
Total	134	100.00	100.00

Q39. Was the information on a specific medical condition?

	Freq.	Unweighted Percentage	Weighted Percentage
Yes	81	60.45	68.73
No	44	32.84	28.07
Refused	1	0.75	0.21
Don't Know	8	5.97	2.98
Total	134	100.00	100.00

Q40. The information was useful to you

	Freq.	Unweighted Percentage	Weighted Percentage
Strongly agree	25	18.66	20.62
Agree	67	50.00	53.84
Neither agree nor disagree	31	23.13	21.07
Disagree	8	5.97	3.82
Strongly disagree	0	0.00	0.0
Refused	0	0.00	0.0
Don't Know	3	2.24	0.64
Total	134	100.00	100.00

Q41. What would have made it more useful? (Open ended question)			
	Freq.	Unweighted Percentage	Weighted Percentage
A better body	1	0.75	0.21
Anything that gives better choices for yourself or friends	1	0.75	0.21
Being something personal doctor agreed to	1	0.75	0.64
Did not feel confident about it and did not trust it	1	0.75	0.21
Don't know	31	23.13	15.34
Easier to find information	1	0.75	0.64
Feel I had more control over the choices, doctor doesn't make me feel i have that level of control	1	0.75	0.64
Getting the information sooner	1	0.75	0.64
I need to know what doctors use it	1	0.75	0.21
I was not looking for a particular medical need	1	0.75	0.64
I'm the only one in the family that has a specific migraine, so more information and treatments of migraines	1	0.75	0.21
If god made more useful	1	0.75	0.21
If he knew sponsor of the information	1	0.75	0.21
If he would have known prior to surgery	1	0.75	0.64
If I could trust someone besides my doctor	1	0.75	0.64
If I had a condition at that time it would been helpful	1	0.75	0.21
If I had a specific condition that I needed to research	1	0.75	0.21
If I had specific question on it	1	0.75	0.64
If I was more representational of the groups studied	1	0.75	0.64
If I or a family member had the condition	12	8.96	13.20
If it was more easily accessible	1	0.75	0.64
If it had been available earlier	1	0.75	4.68
If it was relevant to a particular problem	1	0.75	0.64
If it was something I was interested in pertaining myself or family	1	0.75	0.64
If it wasn't driven by economics of medical industry, implementation stinks	1	0.75	0.64
If it would have been related to a specific topic at the time	1	0.75	0.64
If knew more about it	1	0.75	0.21
If personal condition or issue would have been useful	1	0.75	0.21
If relevant to anything I had experienced	1	0.75	0.64
If they would have provide where they could contact her dr on whether to do the research on her bronchitis	1	0.75	0.64
Inclusion of a wider range of treatment options	1	0.75	0.64
It did break down diagnosis, meds that should not be taken with condition	1	0.75	0.64
It didn't really pertaining to the problem	1	0.75	0.64
It wouldn't have been more useful unless he had a need to investigate	1	0.75	0.64
Just overheard a conversation	1	0.75	0.21
Just reading not a necessity	1	0.75	0.64
Just something to read	1	0.75	0.64
Knowing what's out there	1	0.75	0.64

Q41. What would have made it more useful? (Open ended question)			
	Freq.	Unweighted Percentage	Weighted Percentage
Location because it was out of the area money	1	0.75	4.68
More definitive	1	0.75	0.64
More detail	9	6.72	2.78
More information about whether my medical health insurance would cover the costs of the procedure	1	0.75	4.68
More information, more detail about specific treatments	1	0.75	4.68
More reliable outcomes data	1	0.75	0.64
More researched and back up with more studies	1	0.75	0.21
More results driven of the individual, study comparisons	1	0.75	0.21
More studies	1	0.75	0.21
Nothing	29	21.64	27.64
One study doesn't make it right	1	0.75	0.21
Something that you would have needed	1	0.75	0.21
Sorting out the information	1	0.75	0.64
Specific diseases	1	0.75	0.21
Talking one on one	1	0.75	0.64
Through the doctor, and reading	1	0.75	0.21
Very satisfactory	1	0.75	0.21
Was not directly related to anything just reading	1	0.75	0.64
Wouldn't rely on the website	1	0.75	0.21
Total	134	100.00	100.00

Part L. Exposure to Dissemination Strategies – Publicity Center: Virtual Centers

Q42. In the past six months, have you seen links to the E.H.C.P. web site or information comparing treatment options on a Web site?

	Freq.	Unweighted Percentage	Weighted Percentage
Yes	56	10.02	10.52
No	492	88.01	87.46
Refused	2	0.36	0.11
Don't Know	9	1.61	1.91
Total	559	100.00	100.00

Q43. Which Web site(s)?

	Freq.	Unweighted Percentage	Weighted Percentage
MD Website	1	1.79	0.51
AHRQ EHCP Website	1	1.79	0.51
Clark-Norton Healthcare	1	1.79	1.51
Don't Know	23	41.07	21.73
Dr. Orin Stearns	1	1.79	0.51
Dryer Medical Clinic, Web MD	1	1.79	1.51
John Hopkins and Clinics	1	1.79	0.51
Mayo Clinic website	7	12.50	27.79
Newchoicehealth Com	1	1.79	1.51
NIH Website	1	1.79	0.51
PCORI, Healthwise, Fimdm	1	1.79	1.51
Sites Depend On Illness	1	1.79	0.51
So Many: UCLA, WebMD, Depends On Topic	1	1.79	1.51
UHC.Com, Delta Airlines	1	1.79	1.51
WebMD	13	23.21	36.85
Wisertogether Com	1	1.79	1.51
Total	56	100.00	100.00

Q44. What medical condition or conditions were addressed by the information you saw?

	Freq.	Unweighted Percentage	Weighted Percentage
ADHD	2	3.57	12.63
Arthritis	1	1.79	1.51
Atrial Fibrillation	1	1.79	0.51
Cancer	2	3.57	2.02
Cancer, Sinus	1	1.79	0.51
Cholesterol	1	1.79	1.51
Chronic Bladder Infections	1	1.79	0.51
Cervical Spine Surgery	1	1.79	0.51

Q44. What medical condition or conditions were addressed by the information you saw?			
	Freq.	Unweighted Percentage	Weighted Percentage
Dementia, Cancer, Shingles, Blood clots, Repetitive Strain Injury/Brain Injury	1	1.79	1.51
Diabetes	2	3.57	1.02
Diabetes, Congestive Heart Failure, Legal Narcotic Addiction, Alzheimer's, Dementia, Thoracic Outlet Syndrome, Eating Syndrome, MRSA Infections	1	1.79	1.51
Don't Know	9	16.07	19.20
Dupuytren's	1	1.79	0.51
General Multiple Conditions	1	1.79	1.51
Heart Disease, Aortic Stenosis	1	1.79	0.51
Heart Health, Cholesterol, Good Life Style	1	1.79	1.51
Heart Problems, Thyroid Medication	1	1.79	0.51
Heart Symptoms, Depression, Fevers, Vomiting, Allergies	1	1.79	1.51
Hernia And Gastritis	1	1.79	1.51
High Blood Pressure, High Cholesterol, Stroke In Women, Heart Attack N Women	1	1.79	0.51
Hip Replacement Surgery	1	1.79	0.51
Hypertension	1	1.79	11.12
Inguinal Hernia	1	1.79	1.51
Knee Replacement Surgery	1	1.79	0.51
Lower Back Pain	1	1.79	1.51
Lungs	1	1.79	1.51
Mammography, Home Health Care, Back Surgery, Routine Medical Exam Dental Conditions	1	1.79	1.51
Minor Surgery	1	1.79	1.51
Orthopedic Knee, Heart Problems, Atrial Fibrillation	1	1.79	0.51
Ovarian Cancer	1	1.79	1.51
Pinched Nerves In The Legs	1	1.79	0.51
Post-Polio	1	1.79	0.51
Pre-Cancerous Breast	1	1.79	1.51
Prostate Cancer	1	1.79	0.51
Rheumatoid Arthritis	1	1.79	1.51
Shattered Tibia	1	1.79	1.51
Total	56	100.00	100.00

**Part M. Exposure to Dissemination Strategies – Publicity Center and Regional Office:
Partnerships**

Q45. Are you a member of any organization that provides you with information about health care?			
	Freq.	Unweighted Percentage	Weighted Percentage
Yes	413	43.57	36.52
No	521	54.96	62.83
Refused	4	0.42	0.14
Don't Know	10	1.05	0.50
Total	948	100.00	100.00

Q46. Did the organization inform you about the EHCP or about the idea of research that compares or evaluates treatment options?			
	Freq.	Unweighted Percentage	Weighted Percentage
Yes	57	13.80	16.72
No	268	64.89	67.34
Refused	7	1.69	1.46
Don't Know	81	19.61	14.48
Total	413	100.00	100.00

Part N. Other – Respondent Characteristics

Q47. What is your age?			
	Freq.	Unweighted Percentage	Weighted Percentage
18-33 years	14	1.48	10.99
34-44 years	41	4.32	32.19
45-64 years	334	35.23	35.60
65 years or older	544	57.38	19.58
Refused	14	1.48	1.61
Don't Know	1	0.11	0.04
Total	948	100.00	100.00

Q48. What is your gender?			
	Freq.	Unweighted Percentage	Weighted Percentage
Male	576	60.82	54.87
Female	368	38.86	44.95
Refused	2	0.21	0.14
Don't Know	1	0.11	0.04
Total	947	100.00	100.00

Q49. Are you Hispanic or Latino?			
	Freq.	Unweighted Percentage	Weighted Percentage
Hispanic or Latino	39	4.12	6.22
Not Hispanic or Latino	880	93.02	91.35
Refused	19	2.01	2.00
Don't Know	8	0.85	0.43
Total	946	100.00	100.00

Q50. What is your race? Are you ...			
	Freq. *	Unweighted Percentage	Weighted Percentage
White	782	82.66	75.95
Black or African American	103	10.89	14.83
Asian	15	1.59	1.79
American Indian or Alaska Native	12	1.27	2.97
Native Hawaiian or other Pacific Islander	3	0.32	0.18
Other*	11	1.16	1.57
Refused	17	1.80	2.61
Don't Know	3	0.32	0.11
Total	946	100.00	100.00

*Wherever applicable, responses in the "Other" category were recoded into one of the existing categories.

Q50_Spec. What is your race? Are you ... OTHER (SPECIFY: _____)			
	Freq. *	Unweighted Percentage	Weighted Percentage
African American And White	1	9.09	2.29
American, Mix Of Everything	1	9.09	6.80
Black, Native American, White	1	9.09	50.05
European American Native Indian	1	9.09	6.80
Human	2	18.18	9.09
Human Race	1	9.09	6.80
Ingofidian	1	9.09	2.29
Mixed, Latino & Black, Mexican Indian	1	9.09	6.80
None Of The Above	1	9.09	6.80
West Indian	1	9.09	2.29
Total	11	100.00	100.00

*Only those responses in the "Other" category that could be recoded into one of the existing response categories are included.

Q51. Are you currently seeking medical care?			
	Freq.	Unweighted Percentage	Weighted Percentage
Yes	573	60.63	49.26
No	364	38.52	50.38
Refused	6	0.63	0.22
Don't Know	2	0.21	0.14
Total	945	100.00	100.00

Q52. Do you provide care for another person with a medical condition?			
	Freq.	Unweighted Percentage	Weighted Percentage
Yes	173	18.31	18.95
No	761	80.53	80.30
Refused	5	0.53	0.32
Don't Know	6	0.63	0.43
Total	945	100.00	100.00

Q53. Are you a member of a patient advocacy group?			
	Freq.	Unweighted Percentage	Weighted Percentage
Yes	34	3.60	2.68
No	903	95.56	96.14
Refused	1	0.11	0.11
Don't Know	7	0.74	1.07
Total	945	100.00	100.00

Q54. Do you participate in the Medicare program?			
	Freq.	Unweighted Percentage	Weighted Percentage
Yes	550	58.20	30.54
No	387	40.95	68.42
Refused	1	0.11	0.04
Don't Know	7	0.74	1.00
Total	945	100.00	100.00

Q55. Do you participate in the Medicaid program?			
	Freq.	Unweighted Percentage	Weighted Percentage
Yes	131	13.86	15.24
No	798	84.44	83.22
Refused	2	0.21	0.07
Don't Know	14	1.48	1.47
Total	945	100.00	100.00

APPENDIX G: LITERATURE REVIEW ON LANDLINES VERSUS MOBILE PHONE-ONLY HOUSEHOLDS: IMPLICATION FOR SURVEY RESEARCH

Throughout the 1990s, landline surveys were the dominant form of data collection for telephone survey research.²³ However, research shows that the increase in the “cell-phone only” population is particularly skewed towards younger adults, which has led to difficulties in recruiting nationally representative samples. The proportion of the population forgoing a landline in favor of cell phones has been steadily rising.²⁴

A report based on the National Health Interview Survey (NHIS) data collected between July-December 2011 illustrated that 34 percent of American homes were wireless only and 16 percent were wireless mostly (see Exhibit G-1 below). It furthermore found that age is highly correlated to the distribution of wireless only or wirelesses mostly households. NHIS data found that the percent (by age groups) that lived in households with only a wireless telephone are as follows:

Exhibit G-1: Percent of Households with Only Wireless (Between July-December 2011)

Age Range	Percent with Wireless Only
18-24 year olds	49%
25-29 year olds	60%
30-34 year olds	51%

Other national level surveys, including those from the American Association for Public Opinion Research (AAPOR), have similarly noted a steady decline in telephone survey participation rates of younger generations. PEW Research Centers have experienced a decline in the average proportion of 18-34 year olds from 31 percent in 2000 to 20 percent in 2006 (PEW 2006). This upward trend in the prevalence of “cell-phone only” households has presented unique challenges to telephone survey researchers of all sizes.

Survey researchers are struggling with this issue on a large scale and developing field procedures to overcome this obstacle. We are being proactive in this area and we are not alone in dealing with this issue. Numerous survey centers including the PEW Research Center, AAPOR, and The Behavioral Risk Factor Surveillance System (the world’s largest ongoing, list-assisted random digit dialing telephone-interview health survey system) have realized the need to implement dual approach telephone surveys which include a cell phone sample to account for this and other potential differences in the cell-phone only population. This method has been shown to have a positive effect on evening out the response rates across age groups. In one PEW study conducted in 2006, it was found that 48 percent of the cell-phone survey

²³ Vicente, P., Reis, E., & Santos, M. (2009). Using mobile phones for survey research. *International Journal of Market Research*, 51(5), 613-633.

²⁴ Raine L, Keeter S. “Americans and their cell phones.” Pew Internet & American Life Project. Pew Research Center. April 3, 2006. See: <http://www.pewinternet.org/Reports/2006/Americans-and-their-cell-phones.aspx>.

participants were under the age of 30 (compared with 14 percent in the landline sample and 21 percent in the population as a whole); 41 percent of the landline sample respondents were age 65 or older (compared with 16 percent of the general public).

Given these data, IMPAQ initiated a discussion with AHRQ around including a new cell phone wave in its survey sample for the ARRA CER dissemination survey. For the first consumer survey, AHRQ determined that the age groups completing the consumer telephone survey were appropriate and that the evaluation contractor need not initiate a separate cell phone wave.

APPENDIX H: METHODOLOGY FOR GENERATING CONSUMER SURVEY WEIGHTS

The consumer survey had a total of 948 respondents. The methodology for generating the survey sample is described in the report body. We followed the weighting procedure described below to make the survey results representative of the US population above the age of eighteen who visited a doctor or other health care professional in the past 12 months.

In generating the weights, the IMPAQ team has assumed that there is no survey non-response bias. Since no demographic information on potential respondents, other than their names, addresses and phone numbers, are available in the SSI database of 11,500 that we purchased for sampling, we are unable to compare the demographic characteristics of the sampling universe and the final survey sample. Therefore, we assume that the survey respondents and non-respondents are similar in terms of their demographic characteristics and potential responses to survey questions. We acknowledge that this is an important assumption which we are unable to test due to lack of necessary data.

As mentioned in the report body, the SSI sample is that of individuals listed in landline telephone directories. If the population of landline-owning individuals is different from the “cell phone only” population—a group that is absent from our survey sample—that is another source of bias too. We assume that this non-coverage bias may not be too large in the case of the research questions addressed by the consumer survey.²⁵

Table H-1: Consumer Survey Weights

Age Group	US Population	Visited health care provider (%)	No. of visits	Sample	Final Weights
18–44	112,806,642	74	83,476,915	56	1,490,659
45–64	81,489,445	84.2	68,614,113	339	202,402
65+	40,267,984	93.9	37,791,503	553	68,339
Total	234,564,071		189,882,531	948	

Table H-1 provides the final survey weights for various age groups (column 6) and the data used for generating the weights. The IMPAQ team generated the survey weights by dividing the estimated US population of various age groups who visited a doctor or other health care professional in the past 12 months (column 4) by the number of survey respondents from the corresponding age group (column 5). The US population of various age groups that visited a doctor or other health care professional in the past 12 months is estimated by multiplying the US population of various age groups (column 2) with the percentage of population belonging to each age group who visited a doctor or other health care professional in the past 12 months (column 3). The US population belonging to various age groups used in generating the weights

²⁵ Based on a comparison of estimates for total and landline owning adults using the 2007 National Health Interview Survey data, Blumberg and Luke (2009) state that telephone surveys limited to landline households may still be appropriate for health surveys of adults except in the case of some behavioral risk factors and health care service use indicators. American Journal of Public Health. 2009; Vol. 99, No. 10: 1806–1810.

is based on the 2010 US Census.²⁶ The percentages of people who visited a doctor or other health care professional in the past 12 months were generated from the National Health Interview Survey 2011 estimates.²⁷

²⁶ Table 1. Howden ML and Meyer AJ. Age and Sex Composition: 2010, 2010 Census Briefs. May 2011. Available at <http://www.census.gov/prod/cen2010/briefs/c2010br-03.pdf>. Accessed on 02/12/2013.

²⁷ Table 35. Schiller JS, Lucas JW, Ward BW, Peregoy JA. Summary Health Statistics for U.S. adults: National Health Interview Survey, 2010. National Center for Health Statistics. Vital Health Stat 10 (252). 2012.

APPENDIX I: CLINICIAN ADVANCE LETTER AND RETURN POSTCARD

Clinician Advance Letter

<DATE>

<FIRSTNAME> <LASTNAME>

<ADDRESS1>

<ADDRESS2>

<CITY>, <STATE> <ZIP>

Dear <TITLE> <LASTNAME>:

We are contacting you because you have been randomly selected to participate in a survey sponsored by the Agency for Healthcare Research and Quality (AHRQ). AHRQ is a federal agency under the US Department of Health and Human Services charged with improving the quality, safety, efficiency, and effectiveness of health care for all Americans. The purpose of the survey is to learn how clinicians use health care information resources to make treatment decisions for their patients. The results of the survey will be used to inform AHRQ's efforts to develop and disseminate unbiased, evidence-based information to patients, doctors, and others involved in health care decisionmaking. Your participation is very important for making this survey valid, meaningful, and influential.

You will receive a package in the mail soon with the survey materials, including the questionnaire and a postage-paid return envelope. We realize that your time is extremely valuable, so you will receive \$50 in appreciation of your time and effort given to the study. The survey will be conducted by Battelle Memorial Institute (Battelle) on behalf of AHRQ.

To help us confirm if you are eligible to participate in this survey, please check the applicable boxes on the postage-paid postcard included with this letter and return as soon as possible.

We hope you will help us with this important study. If you have questions about the purpose of this study, please contact the study director, Sari Siegel, Ph.D., of IMPAQ International, at 855-237-3330.

Sincerely yours,

Carolyn M. Clancy, M.D
Director

Eligibility Return Postcard

If the survey recipient is unable to complete the survey, please check one of the following and drop this postcard in the mail right away. Thank you.

The survey recipient is not able to complete the AHRQ survey because:

- ☐ The recipient is retired.
- ☐ The recipient no longer practices at this office.
- ☐ The recipient is deceased.
- ☐ The recipient is involved with direct patient care less than 8 hours per week.
- ☐ Other, please specify: _____

APPENDIX J: CLINICIAN PACKET MATERIALS

Cover Letter

<DATE>

<FIRSTNAME> <LASTNAME>

<ADDRESS1>

<ADDRESS2>

<CITY>, <STATE> <ZIP>

Dear <TITLE> <LASTNAME>:

You have been randomly selected to participate in a survey sponsored by the Agency for Healthcare Research and Quality (AHRQ). AHRQ is a federal agency under the US Department of Health and Human Services charged with improving the quality, safety, efficiency, and effectiveness of health care for all Americans. The purpose of the survey is to learn how clinicians use health care information resources to make treatment decisions for their patients. The results of the survey will be used to inform AHRQ's efforts to develop and disseminate unbiased, evidence-based information to patients, doctors, and others involved in health care decisionmaking. Your participation is very important for making this survey valid, meaningful, and influential.

We invite you to participate in this important survey by filling out the enclosed questionnaire and return it using the postage-paid envelope as soon as possible. The survey will take approximately 20 minutes to complete. We realize that your time is extremely valuable, so we have included \$50 with this package in appreciation for your time and effort given to the study. The survey is being conducted by Battelle Memorial Institute (Battelle) on behalf of AHRQ.

Your responses to the survey will be kept confidential to the extent permitted by law, including AHRQ's confidentiality statute, 42 USC 299c-3(c). Battelle will use your name and contact information only for the purpose of conducting this survey and will not publish it in any report, nor will it ever share that information with AHRQ or any other organization.

We hope you will help us with this important study and respond as soon as possible. If you have any questions about how to respond to the survey, please call Judith Berkowitz of Battelle at 1-866-846-9021. If you have questions about the purpose of this study, please contact the study's project director, Dr. Sari Siegel of IMPAQ International, at 855-237-3330.

Sincerely yours,

Carolyn M. Clancy, M.D
Director

Focus Group Interest Form

As a follow-up to this survey, we will be conducting **telephone discussion groups** with clinicians to hear your thoughts about specific health care information resources designed to support medical decision-making and to get your insights on interesting findings from the survey. The results of these discussions will be used to inform AHRQ's efforts to develop and disseminate unbiased, evidence-based information to patients, doctors, and others involved in health care decision-making.

If you are interested in participating in one of the telephone discussion groups, please fill in the information below and return using the attached postage-paid envelope. We will send you an invitation at a later date to find a time when you can participate. There will be several discussions groups scheduled for different times so that we can fit your busy schedule.

Please indicate if you would like to participate in the telephone discussion groups:

- ☐ Yes, I would like to participate
- ☐ No, I would NOT like to participate

If you checked "Yes" above, please provide your preferred mailing address and other contact information so that we can send you an invitation and schedule you for one of the discussion groups.

Preferred Mailing Address:

Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Preferred telephone numbers (in case we are not able to reach you by mail):

Please check all that apply:

- ☐ Office (_____) ____ -- _____
- ☐ Mobile (_____) ____ -- _____
- ☐ Fax (_____) ____ -- _____

APPENDIX K: CLINICIAN FOLLOW-UP MATERIALS

Follow-Up Cover Letter

<DATE>

<FIRSTNAME> <LASTNAME>

<ADDRESS1>

<ADDRESS2>

<CITY>, <STATE> <ZIP>

Dear <TITLE> <LASTNAME>:

You have been randomly selected to participate in a survey sponsored by the Agency for Healthcare Research and Quality (AHRQ). AHRQ is a federal agency under the US Department of Health and Human Services charged with improving the quality, safety, efficiency, and effectiveness of health care for all Americans. The purpose of the survey is to learn how clinicians use health care information resources to make treatment decisions for their patients. The results of the survey will be used to inform AHRQ's efforts to develop and disseminate unbiased, evidence-based information to patients, doctors, and others involved in health care decisionmaking. Your participation is very important for making this survey valid, meaningful, and influential.

We invite you to participate in this important survey by filling out the enclosed questionnaire and return it using the postage-paid envelope as soon as possible. The survey will take approximately 20 minutes to complete. The survey is being conducted by Battelle Memorial Institute (Battelle) on behalf of AHRQ. This is a follow-up mailing of the survey package – the initial package sent to you contained a \$50 cash incentive.

Your responses to the survey will be kept confidential to the extent permitted by law, including AHRQ's confidentiality statute, 42 USC 299c-3(c). Battelle will use your name and contact information only for the purpose of conducting this survey and will not publish it in any report, nor will it ever share that information with AHRQ or any other organization.

We hope you will help us with this important study and respond as soon as possible. If you have any questions about how to respond to the survey, please call Judith Berkowitz of Battelle at 1-866-846-9021. If you have questions about the purpose of this study, please contact the study director, Dr. Sari Siegel of IMPAQ International, at 1-855-237-3330.

Sincerely yours,

Carolyn M. Clancy, M.D
Director

Post Card Reminder

We recently invited you to participate in a survey of clinicians on behalf of the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services, on how clinicians use health care information resources to make treatment decisions for their patients. The results of the survey will be used to inform AHRQ's efforts to develop and disseminate unbiased, evidence-based information to patients, doctors, and others involved in health care decision-making.

If you have not yet completed and returned the survey using the postage paid envelope, please respond at your earliest convenience. Your response is critical to ensure a representative sample of clinicians across the nation.

If you have already completed and returned the survey, thank you!

If you never received the survey packet in the mail, or have misplaced the packet, and would like to participate in the study, please contact Judith Berkowitz at 1-866-846-9021.

Follow-Up Telephone Prompting Call Script

If call is answered by a person:

Hello, this is _____ with Battelle Memorial Institute. May I please speak with Dr. _____ ?

If call is answered by the participant:

Hello, Dr. _____. We recently sent you a package in the mail inviting you to participate in a survey sponsored by the U.S. Agency for Healthcare Research and Quality. The package contained the survey questionnaire, a return envelope, and \$50 cash in appreciation of your time and effort given to the study. The purpose of the survey is to learn how health care providers use medical research information to make treatment decisions for their patients.

We have not received your response to the survey yet, and we were hoping you would complete and return the questionnaire at your soonest convenience.

Do you still have the survey packet that we mailed to you?

If Yes: *Ok. We know that you are a very busy person, but if you can find the time, please complete the survey and return it to us using the postage paid envelope included in the packet. Thank you, and have a nice day.*

If No: *Would you like for us to send you another packet so that you can participate in the survey?*

If No: *Okay. Thank you for your time. Have a good day.*

If Yes, confirm mailing address on record or obtain preferred mailing address.

Current mailing address on record:

CORRECT INFORMATION

FIRSTNAME LASTNAME

Name _____

ADDRESS1

Address 1 _____

ADDRESS2

Address 2 _____

CITY, STATE ZIP

City _____ State _____ Zip _____

If call is answered by someone other than participant:

We are calling to remind Dr. _____ about a survey that we are conducting on behalf of the U.S. Agency for Healthcare Research and Quality. Is there a good time to call when we might be able to speak to Dr. _____?

Record time. *Okay. Thank you and have a nice day.*

If call goes to voice-mail/answering machine:

Hello, Dr. _____. This is _____ with Battelle Memorial Institute. We recently sent you a packet in the mail inviting you to participate in a survey sponsored by the U.S. Agency for Healthcare Research and Quality. The package contained the survey questionnaire, a return envelope, and \$50 cash in appreciation of your time and effort given to the study. The purpose of the survey is to learn how health care providers use medical research information to make treatment decisions for their patients.

We have not received your response to the survey yet, and we were hoping you would complete and return the questionnaire at your soonest convenience. If you have any questions or would like to receive another survey packet, please call SURVEY COORDINATOR at TOLLFREE NUMBER.

If you have already completed and returned the survey, thank you!

Have a nice day.

[End Message]

APPENDIX L: ASSURANCE OF CONFIDENTIALITY

Battelle Assurance of Confidentiality of Survey Data

Battelle Memorial Institute is firmly committed to the principle that confidentiality of individual data obtained through surveys must and shall be protected. This principle holds true whether or not any specific guarantee of confidentiality was given at time of interview, or whether or not there are specific contractual obligations to the client. When guarantees have been given or contractual obligations regarding confidentiality have been entered into, they may impose additional requirements, which are to be strictly adhered to by all staff working on the project.

Procedures for Maintaining Confidentiality

- You shall sign this assurance of confidentiality. This assurance may be supplemented by another comparable assurance for a particular project.
- You shall keep completely confidential the names of respondents and/or study subjects, all information or opinions collected in the course of conducting work, and any information about respondents and/or study subjects otherwise learned, directly or indirectly, during work. You shall follow applicable practices and policies and exercise reasonable precaution to prevent survey data or names of study participants from being disclosed.
- Upon encountering a respondent or information pertaining to a respondent that you know personally, you shall immediately cease the activity and contact your supervisor for further instructions, unless specifically instructed otherwise for a particular project.

Pledge of Confidentiality

- I hereby certify that I have carefully read and will comply fully with the above procedures on confidentiality. I will keep confidential all information arising from surveys concerning individual respondents and/or study subjects to which I gain access. I will not discuss, disclose, disseminate or provide access to survey data and identifiers, except as specifically authorized by Battelle for a particular contract. I will devote my best efforts to ensure that there is compliance with the required procedures by any personnel whom I may supervise. I understand that violation of this pledge is sufficient grounds for disciplinary action, including immediate dismissal. I also understand that violation of the privacy rights of individuals through unauthorized discussion, disclosure, dissemination, or access may make me subject to criminal or civil penalties. I give my personal pledge that I shall abide by this assurance of confidentiality.
- In addition to any and all confidentiality obligations contained in my employment agreement with Battelle, I shall not, during or after my employment with Battelle, for any reason whatsoever, unless I receive express written permission from a Battelle officer, reproduce, copy, disclose or divulge to anyone, directly or indirectly, any information or knowledge relating to the past, present or future business operation or internal structure of any project conducted by Battelle.
- I acknowledge and agree that all files, records, manuals, memoranda, notebooks, documents, correspondence, and all other information or records and similar items relating to the business of Battelle, whether prepared by me or otherwise coming into my possession, are, and shall remain, the exclusive property of Battelle, and shall be promptly delivered to Battelle promptly upon demand by a Battelle officer.

Signature: I have read and understand and agree to abide by the provisions contained in this memorandum, and have received a copy of this memorandum which is hereby acknowledged. I understand that a copy, signed by me, will be placed in my employment file.

Acknowledged: _____ Date: _____

Onboarding Facilitator, please return the completed form to the HRIS Office, Rm. 13-3-022L, 505 King Ave, Columbus, OH 43201.

APPENDIX M: CONSUMER SURVEY CROSS TABULATION RESULTS

Exhibit M-1: Q1. Have you heard of the concept of comparing health care treatments with your clinician to decide what options will work best for you?

Q1. Have you heard of the concept of comparing health care treatments with your clinician to decide what options will work best for you? Sex?			
	Male	Female	Total
Yes	34.66	32.61	67.27
No	20.27	12.46	32.73
Total	54.93	45.07	100.00

Q1. Have you heard of the concept of comparing health care treatments with your clinician to decide what options will work best for you? Age?				
	18-44 Years Old	45-64 Years Old	65 Years or Older	Total
Yes	32.06	25.56	9.69	67.30
No	11.51	10.94	10.25	32.70
Total	43.57	36.50	19.94	100.00

Q1. Have you heard of the concept of comparing health care treatments with your clinician to decide what options will work best for you? Race?				
	Black	Other	White	Total
Yes	9.22	3.89	53.48	66.59
No	5.60	2.88	24.94	33.41
Total	14.82	6.76	78.42	100.00

Q1. Have you heard of the concept of comparing health care treatments with your clinician to decide what options will work best for you? Medicare Beneficiary?			
	Beneficiary	Non-Beneficiary	Total
Yes	16.98	50.93	67.91
No	13.08	19.01	32.09
Total	30.06	69.94	100.00

Q1. Have you heard of the concept of comparing health care treatments with your clinician to decide what options will work best for you?

Medicaid Beneficiary?

	Beneficiary	Non-Beneficiary	Total
Yes	9.01	58.34	67.35
No	5.73	26.91	32.65
Total	14.75	85.25	100.00

Exhibit M-2: Q2. Have you heard about research that can help you compare treatment choices?

Q2. Have you heard about research that can help you compare treatment choices? Sex?			
	Male	Female	Total
Yes	24.67	21.88	46.55
No	31.19	22.26	53.45
Total	55.86	44.14	100.00

Q2. Have you heard about research that can help you compare treatment choices? Age?				
	18-44 Years Old	45-64 Years Old	65 Years or Older	Total
Yes	23.81	16.05	7.34	47.20
No	19.71	20.18	12.91	52.80
Total	43.52	36.23	19.84	100.00

Q2. Have you heard about research that can help you compare treatment choices? Race?				
	Black	Other	White	Total
Yes	7.29	1.47	36.93	45.69
No	7.57	5.40	41.34	54.31
Total	14.86	6.88	78.26	100.00

Q2. Have you heard about research that can help you compare treatment choices? Medicare Beneficiary?			
	Beneficiary	Non-Beneficiary	Total
Yes	12.94	34.09	47.03
No	17.54	35.42	52.97
Total	30.48	69.52	100.00

Q2. Have you heard about research that can help you compare treatment choices? Medicaid Beneficiary?			
	Beneficiary	Non-Beneficiary	Total
Yes	5.87	40.51	46.38
No	9.23	44.38	53.62
Total	15.10	84.90	100.00

Exhibit M-3: Q5. Prior to this survey, had you ever heard about the existence of research that helps you compare the treatment options?

Q5. Prior to this survey, had you ever heard about the existence of research that helps you compare the treatment options? Sex?			
	Male	Female	Total
Yes	10.89	10.24	21.12
No	44.32	34.55	78.87
Total	55.21	44.79	100.00

Q5. Prior to this survey, had you ever heard about the existence of research that helps you compare the treatment options? Age?				
	18-44 Years Old	45-64 Years Old	65 Years or Older	Total
Yes	9.76	8.51	3.13	21.40
No	34.17	27.95	16.48	76.60
Total	43.57	36.45	19.62	100.00

Q5. Prior to this survey, had you ever heard about the existence of research that helps you compare the treatment options? Race?				
	Black	Other	White	Total
Yes	4.65	0.37	15.57	20.59
No	10.04	6.41	62.97	79.41
Total	14.68	6.78	78.54	100.00

Q5. Prior to this survey, had you ever heard about the existence of research that helps you compare the treatment options? Medicare Beneficiary?			
	Beneficiary	Non-Beneficiary	Total
Yes	5.61	15.69	21.31
No	24.29	54.40	78.69
Total	29.91	70.09	100.00

Q5. Prior to this survey, had you ever heard about the existence of research that helps you compare the treatment options? Medicaid Beneficiary?			
	Beneficiary	Non-Beneficiary	Total
Yes	3.18	18.20	21.38
No	11.74	66.88	78.62
Total	14.93	85.07	100.00

Exhibit M-4: Q25. Do you currently use research that compares or evaluates different treatment options to help you make medical decisions?

Q25. Do you currently use research that compares or evaluates different treatment options to help you make medical decisions? Sex?			
	Male	Female	Total
Yes	24.21	28.72	50.93
No	28.97	18.10	47.07
Total	53.18	46.82	100.00

Q25. Do you currently use research that compares or evaluates different treatment options to help you make medical decisions? Age?				
	18-44 Years Old	45-64 Years Old	65 Years or Older	Total
Yes	27.15	19.19	7.15	53.49
No	20.35	18.27	7.88	46.51
Total	49.50	37.47	15.04	100.00

Q25. Do you currently use research that compares or evaluates different treatment options to help you make medical decisions? Race?				
	Black	Other	White	Total
Yes	9.51	1.00	41.10	51.60
No	2.68	4.51	39.53	46.72
Total	12.19	5.51	80.63	98.33

Q25. Do you currently use research that compares or evaluates different treatment options to help you make medical decisions? Medicare Beneficiary?			
	Beneficiary	Non-Beneficiary	Total
Yes	14.04	38.36	52.41
No	12.11	35.49	47.59
Total	26.15	73.85	100.00

Q25. Do you currently use research that compares or evaluates different treatment options to help you make medical decisions?

Medicaid Beneficiary?

	Beneficiary	Non-Beneficiary	Total
Yes	7.15	46.34	53.49
No	6.32	40.19	46.51
Total	13.47	86.53	100.00

Exhibit M-5: Q28. Prior to this survey, were you aware of these consumer summaries?

Q28. Prior to this survey, were you aware of these consumer summaries?			
Sex?			
	Male	Female	Total
Yes	4.49	7.00	11.49
No	48.85	39.66	88.51
Total	53.34	46.66	100.00

Q28. Prior to this survey, were you aware of these consumer summaries?				
Age?				
	18-44 Years Old	45-64 Years Old	65 Years or Older	Total
Yes	5.62	4.12	1.91	11.65
No	41.59	33.57	13.19	88.35
Total	47.21	37.70	15.10	100.00

Q28. Prior to this survey, were you aware of these consumer summaries?				
Race?				
	Black	Other	White	Total
Yes	4.12	0.57	4.75	9.44
No	9.71	4.95	75.90	90.56
Total	13.83	5.53	80.64	100.00

Q28. Prior to this survey, were you aware of these consumer summaries?			
Medicare Beneficiary?			
	Beneficiary	Non-Beneficiary	Total
Yes	3.88	7.74	11.62
No	22.36	66.01	88.38
Total	26.25	73.75	100.00

Q28. Prior to this survey, were you aware of these consumer summaries?			
Medicaid Beneficiary?			
	Beneficiary	Non-Beneficiary	Total
Yes	4.25	7.25	11.50
No	9.30	79.20	88.50
Total	13.55	86.45	100.00

Exhibit M-6: Q37. Within the next year, do you intend to use AHRQ's consumer summaries or other studies that evaluate treatment options to prepare for a medical visit or make medical decisions for you, a family member, or close friend?

Q37. Within the next year, do you intend to use AHRQ's consumer summaries or other studies that evaluate treatment options to prepare for a medical visit or make medical decisions for you, a family member, or close friend?

Sex?

	Male	Female	Total
Yes	23.20	30.01	53.20
No	31.42	15.38	46.80
Total	54.62	45.38	100.00

Q37. Within the next year, do you intend to use AHRQ's consumer summaries or other studies that evaluate treatment options to prepare for a medical visit or make medical decisions for you, a family member, or close friend?

Age?

	18-44 Years Old	45-64 Years Old	65 Years or Older	Total
Yes	26.04	19.57	7.76	53.38
No	18.60	15.66	12.36	46.62
Total	44.64	35.23	20.13	100.00

Q37. Within the next year, do you intend to use AHRQ's consumer summaries or other studies that evaluate treatment options to prepare for a medical visit or make medical decisions for you, a family member, or close friend?

Race?

	Black	Other	White	Total
Yes	8.83	2.20	41.56	52.59
No	5.89	4.02	37.50	47.41
Total	14.72	6.22	79.06	100.00

Q37. Within the next year, do you intend to use AHRQ's consumer summaries or other studies that evaluate treatment options to prepare for a medical visit or make medical decisions for you, a family member, or close friend?

Medicare Beneficiary?

	Beneficiary	Non-Beneficiary	Total
Yes	15.59	38.25	53.84
No	14.86	31.30	46.16
Total	30.45	69.55	100.00

Q37. Within the next year, do you intend to use AHRQ's consumer summaries or other studies that evaluate treatment options to prepare for a medical visit or make medical decisions for you, a family member, or close friend?

Medicaid Beneficiary?

	Beneficiary	Non-Beneficiary	Total
Yes	9.22	44.59	53.81
No	5.26	40.93	46.19
Total	14.47	85.53	100.00

APPENDIX N: DISTRIBUTION OF CLINICIAN SURVEY RESPONDENTS BY HHS REGION

HHS Regions	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
Boston	28	6	29	5.2	37	6.8	94	6
New York	44	9.4	54	9.6	58	10.7	156	9.9
Philadelphia	48	10.2	60	10.7	58	10.7	166	10.6
Atlanta	82	17.4	89	15.9	107	19.7	278	17.7
Chicago	87	18.5	84	15	84	15.5	255	16.2
Dallas	45	9.6	58	10.4	56	10.3	159	10.1
Kansas City	18	3.8	36	6.4	33	6.1	87	5.5
Denver	18	3.8	37	6.6	22	4.1	77	4.9
San Francisco	77	16.4	73	13	65	12	215	13.7
Seattle	23	4.9	40	7.1	23	4.2	86	5.5
<i>Total</i>	470	100	560	100	543	100	1573	100

APPENDIX O: CLINICIAN SURVEY RESULTS

Table 1. Awareness of AHRQ, EHC Program, and the Eisenberg Center

Agency, Program, or Product	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
AHRQ								
<i>Aware</i>	164	35	139	25.1	289	53.4	592	37.9
Mostly/ Very familiar	42	9.0	18	3.2	90	16.6	150	9.6
Somewhat familiar	122	26.0	121	21.8	199	36.8	442	28.3
<i>Unaware</i>	305	65	415	74.9	252	46.6	972	62.1
Have heard the name but not familiar	169	36.0	225	40.6	191	35.3	585	37.4
Not at all familiar / never heard of it	136	29.0	190	34.3	61	11.3	387	24.7
<i>Total</i>	469	100	554	100	541	100	1564	100
EHC Program								
<i>Aware</i>	51	11	45	8.1	94	17.5	190	12.2
Mostly/ Very familiar	4	0.9	2	0.4	7	1.3	13	0.8
Somewhat familiar	47	10.1	43	7.7	87	16.2	177	11.4
<i>Unaware</i>	414	89	511	91.9	443	82.5	1368	87.8
Have heard the name but not familiar	146	31.4	197	35.4	221	41.2	564	36.2
Not at all familiar / never heard of it	268	57.6	314	56.5	222	41.3	804	51.6
<i>Total</i>	465	100	556	100	537	100	1558	100
Eisenberg Center								
<i>Aware</i>	7	1.5	3	0.5	7	1.3	17	1.1
Mostly/ Very familiar	0	0	1	0.2	0	0	1	0.1
Somewhat familiar	7	1.5	2	0.4	7	1.3	16	1
<i>Unaware</i>	462	98.5	555	99.5	536	98.7	1553	98.9
Have heard the name but not familiar	36	7.7	33	5.9	40	7.4	109	6.9
Not at all familiar / never heard of it	426	90.8	522	93.5	496	91.3	1444	92
<i>Total</i>	469	100	558	100	543	100	1570	100

Table 2. CER Knowledge Score by Clinician Type

Statement Reflects Principles and Methods of CER	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
CER Knowledge Score								
Mean	5.36		4.83		5.45		5.23	5.36
Standard Deviation	2.72		2.56		2.40		2.57	2.72
N	244		233		269		746	244
19a. Compares effectiveness and risks of established and emerging treatments								
Yes	190	78.2	174	75.3	216	80.6	580	78.2
No	7	2.9	6	2.6	8	3	21	2.8
Not Sure	46	18.9	51	22.1	44	16.4	141	19
Total	243	100	231	100	268	100	742	100
19b. Addresses treatments for common chronic medical conditions								
Yes	166	68.3	156	67.2	196	74.2	518	70.1
No	8	3.3	8	3.4	13	4.9	29	3.9
Not Sure	69	28.4	68	29.3	55	20.8	192	26
Total	243	100	232	100	264	100	739	100
19c. Includes reviews of existing scientific literature								
Yes	188	77.4	174	75.3	208	77.6	570	76.8
No	4	1.6	2	0.9	6	2.2	12	1.6
Not Sure	51	21	55	23.8	54	20.1	160	21.6
Total	243	100	231	100	268	100	742	100
19d. Includes new studies based on analyses of health care databases								
Yes	142	58.7	108	47	143	53.8	393	53.3
No	9	3.7	14	6.1	12	4.5	35	4.7
Not Sure	91	37.6	108	47	111	41.7	310	42
Total	242	100	230	100	266	100	738	100
19e. Includes new studies testing efficacy of new treatments/technologies								
Yes	136	56.2	112	48.5	155	58.1	403	54.5
No	22	9.1	22	9.5	19	7.1	63	8.5

Statement Reflects Principles and Methods of CER	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
Not Sure	84	34.7	97	42	93	34.8	274	37
<i>Total</i>	242	100	231	100	267	100	740	100
19f. Is conducted by pharmaceutical companies and medical device manufacturers								
Yes	41	16.9	34	14.7	41	15.6	116	15.8
No	63	26	50	21.6	64	24.3	177	24
Not Sure	138	57	147	63.6	158	60.1	443	60.2
<i>Total</i>	242	100	231	100	263	100	736	100
19g. Intended to support informed decisionmaking								
Yes	190	78.2	171	75	219	82	580	78.6
No	5	2.1	3	1.3	6	2.2	14	1.9
Not Sure	48	19.8	54	23.7	42	15.7	144	19.5
<i>Total</i>	243	100	228	100	267	100	738	100
19h. Addresses treatments for acute medical conditions								
Yes	137	56.6	106	46.7	141	53.8	384	52.5
No	18	7.4	17	7.5	24	9.2	59	8.1
Not Sure	87	36	104	45.8	97	37	288	39.4
<i>Total</i>	242	100	227	100	262	100	731	100
19i. Identifies areas of clinical uncertainty and gaps in scientific literature								
Yes	116	48.1	90	39.5	133	50.4	339	46.2
No	27	11.2	15	6.6	17	6.4	59	8
Not Sure	98	40.7	123	53.9	114	43.2	335	45.7
<i>Total</i>	241	100	228	100	264	100	733	100
19j. Intended to assist in shared decisionmaking between clinicians and patients								
Yes	179	73.4	140	61.1	199	75.1	518	70.2
No	7	2.9	9	3.9	7	2.6	23	3.1
Not Sure	58	23.8	80	34.9	59	22.3	197	26.7
<i>Total</i>	244	100	229	100	265	100	738	100

Statement Reflects Principles and Methods of CER	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
19k. Provides specific clinical practice recommendations for medical conditions								
Yes	106	44	95	41.7	123	46.4	324	44.1
No	35	14.5	23	10.1	44	16.6	102	13.9
Not Sure	100	41.5	110	48.2	98	37	308	42
<i>Total</i>	241	100	228	100	265	100	734	100

Table 3. EHC Program Knowledge Score by Clinician Type

Statement Describes the EHC Program	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
EHC Program Knowledge Score								
Mean	6.02		6.07		6.61		6.32	6.02
Standard Deviation	3.70		3.13		2.48		3.00	3.70
N	49		44		90		183	49
26a. Is co-sponsored by private health care and medical technology firms								
Yes	8	16.3	10	23.3	15	16.7	33	18.1
No	10	20.4	13	30.2	28	31.1	51	28
Not Sure	31	63.3	20	46.5	47	52.2	98	53.8
<i>Total</i>	<i>49</i>	<i>100</i>	<i>43</i>	<i>100</i>	<i>90</i>	<i>100</i>	<i>182</i>	<i>100</i>
26b. Funds and conducts comparative effectiveness research in the U.S.								
Yes	35	72.9	40	90.9	76	84.4	151	83
No	1	2.1	0	0	1	1.1	2	1.1
Not Sure	12	25	4	9.1	13	14.4	29	15.9
<i>Total</i>	<i>48</i>	<i>100</i>	<i>44</i>	<i>100</i>	<i>90</i>	<i>100</i>	<i>182</i>	<i>100</i>
26c. Funds the development of new treatments								
Yes	10	20.4	9	20.9	33	36.7	52	28.6
No	23	46.9	13	30.2	27	30	63	34.6
Not Sure	16	32.7	21	48.8	30	33.3	67	36.8
<i>Total</i>	<i>49</i>	<i>100</i>	<i>43</i>	<i>100</i>	<i>90</i>	<i>100</i>	<i>182</i>	<i>100</i>
26d. Screens all sponsored researchers for conflicts of interest								
Yes	25	51	26	60.5	63	70	114	62.6
No	2	4.1	0	0	1	1.1	3	1.6
Not Sure	22	44.9	17	39.5	26	28.9	65	35.7
<i>Total</i>	<i>49</i>	<i>100</i>	<i>43</i>	<i>100</i>	<i>90</i>	<i>100</i>	<i>182</i>	<i>100</i>
26e. All reports are posted for public comment								
Yes	25	52.1	20	46.5	47	52.2	92	50.8
No	3	6.3	3	7	4	4.4	10	5.5
Not Sure	20	41.7	20	46.5	39	43.3	79	43.6

Statement Describes the EHC Program	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
<i>Total</i>	48	100	43	100	90	100	181	100
26f. All reports are peer reviewed								
Yes	29	61.7	27	62.8	60	68.2	116	65.2
No	3	6.4	1	2.3	1	1.1	5	2.8
Not Sure	15	31.9	15	34.9	27	30.7	57	32
<i>Total</i>	47	100	43	100	88	100	178	100
26g. Is sponsored by the Agency for Healthcare Research and Quality (AHRQ)								
Yes	39	83	33	75	79	87.8	151	83.4
No	0	0	2	4.5	1	1.1	3	1.7
Not Sure	8	17	9	20.5	10	11.1	27	14.9
<i>Total</i>	47	100	44	100	90	100	181	100
26h. Open for public participation								
Yes	22	46.8	16	38.1	38	42.7	76	42.7
No	2	4.3	4	9.5	8	9	14	7.9
Not Sure	23	48.9	22	52.4	43	48.3	88	49.4
<i>Total</i>	47	100	42	100	89	100	178	100
26i. Uses transparent and clearly documented processes								
Yes	32	69.6	25	59.5	66	73.3	123	69.1
No	2	4.3	2	4.8	3	3.3	7	3.9
Not Sure	12	26.1	15	35.7	21	23.3	48	27
<i>Total</i>	46	100	42	100	90	100	178	100
26j. Includes clinicians as a target audience for research results								
Yes	33	67.3	35	79.5	68	75.6	136	74.3
No	2	4.1	0	0	7	7.8	9	4.9
Not Sure	14	28.6	9	20.5	15	16.7	38	20.8
<i>Total</i>	49	100	44	100	90	100	183	100
26k. Includes consumers/patients as a target audience for research results								
Yes	26	56.5	23	53.5	59	65.6	108	60.3
No	2	4.3	2	4.7	6	6.7	10	5.6
Not Sure	18	39.1	18	41.9	25	27.8	61	34.1
<i>Total</i>	46	100	43	100	90	100	179	100

Statement Describes the EHC Program	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
26l. Includes policymakers as a target audience for research results								
Yes	22	46.8	22	51.2	43	47.8	87	48.3
No	1	2.1	3	7	10	11.1	14	7.8
Not Sure	24	51.1	18	41.9	37	41.1	79	43.9
<i>Total</i>	<i>47</i>	<i>100</i>	<i>43</i>	<i>100</i>	<i>90</i>	<i>100</i>	<i>180</i>	<i>100</i>

Table 4. Perceived Benefits of CER by Clinician Type

Comparative effectiveness research...	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
Mean	0.54		0.52		0.61		0.56	0.54
Standard Deviation	0.60		0.46		0.52		0.53	0.60
N	241		234		268		743	241
20a. Is neutral and unbiased								
Strongly disagree	4	1.7	2	0.9	2	0.8	8	1.1
Disagree	12	5	13	5.6	18	6.8	43	5.8
Neither agree nor disagree	106	44.4	113	48.7	117	44.2	336	45.7
Agree	102	42.7	92	39.7	107	40.4	301	40.9
Strongly agree	15	6.3	12	5.2	21	7.9	48	6.5
<i>Total</i>	239	100	232	100	265	100	736	100
20b. Is scientifically rigorous								
Strongly disagree	6	2.5	2	0.9	1	0.4	9	1.2
Disagree	11	4.6	8	3.4	9	3.4	28	3.8
Neither agree nor disagree	89	37.2	107	46.1	100	37.9	296	40.3
Agree	117	49	100	43.1	129	48.9	346	47.1
Strongly agree	16	6.7	15	6.5	25	9.5	56	7.6
<i>Total</i>	239	100	232	100	264	100	735	100
20c. Provides findings that are descriptive, not prescriptive								
Strongly disagree	6	2.5	1	0.4	2	0.8	9	1.2
Disagree	10	4.2	6	2.6	7	2.7	23	3.1
Neither agree nor disagree	97	40.9	119	51.3	107	40.5	323	44.1
Agree	114	48.1	97	41.8	130	49.2	341	46.5
Strongly agree	10	4.2	9	3.9	18	6.8	37	5
<i>Total</i>	237	100	232	100	264	100	733	100
20d. Provides objective info about drugs, medical equipment, and treatments								
Strongly disagree	5	2.1	2	0.9	2	0.8	9	1.2
Disagree	8	3.3	5	2.1	8	3	21	2.8
Neither agree nor disagree	74	30.8	87	37.3	98	37	259	35.1
Agree	134	55.8	129	55.4	134	50.6	397	53.8
Strongly agree	19	7.9	10	4.3	23	8.7	52	7
<i>Total</i>	240	100	233	100	265	100	738	100
20e. Provides findings that support informed decisionmaking								
Strongly disagree	8	3.3	1	0.4	2	0.8	11	1.5
Disagree	1	0.4	0	0	1	0.4	2	0.3
Neither agree nor disagree	54	22.4	71	30.6	64	24.1	189	25.6
Agree	145	60.2	141	60.8	162	60.9	448	60.6

Comparative effectiveness research...	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
Strongly agree	33	13.7	19	8.2	37	13.9	89	12
<i>Total</i>	<i>241</i>	<i>100</i>	<i>232</i>	<i>100</i>	<i>266</i>	<i>100</i>	<i>739</i>	<i>100</i>
20f. Highlights current evidence about effectiveness, risks, and side effects								
Strongly disagree	7	2.9	1	0.4	2	0.7	10	1.3
Disagree	3	1.2	0	0	3	1.1	6	0.8
Neither agree nor disagree	57	23.7	69	29.5	69	25.8	195	26.3
Agree	140	58.1	146	62.4	151	56.6	437	58.9
Strongly agree	34	14.1	18	7.7	42	15.7	94	12.7
<i>Total</i>	<i>241</i>	<i>100</i>	<i>234</i>	<i>100</i>	<i>267</i>	<i>100</i>	<i>742</i>	<i>100</i>
20g. Identifies areas of clinical uncertainty and gaps in scientific literature								
Strongly disagree	6	2.5	1	0.4	2	0.8	9	1.2
Disagree	14	5.9	13	5.6	14	5.3	41	5.6
Neither agree nor disagree	91	38.1	127	54.5	117	44.3	335	45.5
Agree	106	44.4	84	36.1	109	41.3	299	40.6
Strongly agree	22	9.2	8	3.4	22	8.3	52	7.1
<i>Total</i>	<i>239</i>	<i>100</i>	<i>233</i>	<i>100</i>	<i>264</i>	<i>100</i>	<i>736</i>	<i>100</i>
20h. Includes confidence ratings on evidence in reports, products, and materials								
Strongly disagree	6	2.5	1	0.4	3	1.1	10	1.4
Disagree	12	5.1	9	3.9	17	6.4	38	5.2
Neither agree nor disagree	138	58.2	147	63.4	164	61.9	449	61.2
Agree	70	29.5	69	29.7	71	26.8	210	28.6
Strongly agree	11	4.6	6	2.6	10	3.8	27	3.7
<i>Total</i>	<i>237</i>	<i>100</i>	<i>232</i>	<i>100</i>	<i>265</i>	<i>100</i>	<i>734</i>	<i>100</i>
20i. Helps me deliver better health care to my patients								
Strongly disagree	7	2.9	2	0.9	2	0.8	11	1.5
Disagree	5	2.1	3	1.3	3	1.1	11	1.5
Neither agree nor disagree	91	37.8	97	41.6	96	36.1	284	38.4
Agree	122	50.6	113	48.5	133	50	368	49.7
Strongly agree	16	6.6	18	7.7	32	12	66	8.9
<i>Total</i>	<i>241</i>	<i>100</i>	<i>233</i>	<i>100</i>	<i>266</i>	<i>100</i>	<i>740</i>	<i>100</i>
20j. In general, medical decisions based on CER lead to better patient outcomes								
Strongly disagree	7	2.9	2	0.9	1	0.4	10	1.3
Disagree	6	2.5	5	2.1	4	1.5	15	2
Neither agree nor disagree	116	48.3	112	47.9	106	39.7	334	45.1

Comparative effectiveness research...	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
Agree	95	39.6	100	42.7	123	46.1	318	42.9
Strongly agree	16	6.7	15	6.4	33	12.4	64	8.6
<i>Total</i>	<i>240</i>	<i>100</i>	<i>234</i>	<i>100</i>	<i>267</i>	<i>100</i>	<i>741</i>	<i>100</i>
20k. Medical decisions based on CER are more cost effective in the long run								
Strongly disagree	6	2.5	4	1.7	1	0.4	11	1.5
Disagree	11	4.6	9	3.9	14	5.3	34	4.6
Neither agree nor disagree	132	55	141	60.5	157	59.2	430	58.3
Agree	76	31.7	70	30	74	27.9	220	29.8
Strongly agree	15	6.3	9	3.9	19	7.2	43	5.8
<i>Total</i>	<i>240</i>	<i>100</i>	<i>233</i>	<i>100</i>	<i>265</i>	<i>100</i>	<i>738</i>	<i>100</i>
20l. Leads to shared decisionmaking between clinicians and individual patients								
Strongly disagree	7	2.9	2	0.9	1	0.4	10	1.3
Disagree	8	3.3	2	0.9	8	3	18	2.4
Neither agree nor disagree	90	37.5	100	42.7	85	31.8	275	37.1
Agree	121	50.4	118	50.4	148	55.4	387	52.2
Strongly agree	14	5.8	12	5.1	25	9.4	51	6.9
<i>Total</i>	<i>240</i>	<i>100</i>	<i>234</i>	<i>100</i>	<i>267</i>	<i>100</i>	<i>741</i>	<i>100</i>

Table 5. General Attitudes toward Use of CER in Clinical Decisionmaking by Clinician Type

Comparative effectiveness research...	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
Mean	3.74		3.63		3.80		3.73	3.74
Standard Deviation	0.58		0.58		0.59		0.59	0.58
N	245		227		259		731	245
21.1. Beneficial/ Not beneficial								
+1 Not beneficial	0	0	0	0	0	0	0	0
+2	9	3.7	3	1.3	6	2.3	18	2.5
+3	46	18.8	56	24.7	44	17	146	20
+4	110	44.9	109	48	117	45.2	336	46
+5 Beneficial	80	32.7	59	26	92	35.5	231	31.6
Total	245	100	227	100	259	100	731	100
21.2. Not Helpful/ Helpful								
+1 Not helpful	3	1.2	3	1.3	1	0.4	7	1
+2	7	2.9	6	2.7	9	3.5	22	3
+3	46	18.8	50	22.3	42	16.4	138	19
+4	113	46.1	104	46.4	103	40.2	320	44.1
+5 Helpful	76	31	61	27.2	101	39.5	238	32.8
Total	245	100	224	100	256	100	725	100
21.3. Easy to Understand/Hard to Understand								
+1 Hard to understand	2	0.8	6	2.7	3	1.2	11	1.5
+2	16	6.6	28	12.4	19	7.4	63	8.7
+3	126	51.9	134	59.6	131	51	391	53.9
+4	79	32.5	42	18.7	84	32.7	205	28.3
+5 Easy to understand	20	8.2	15	6.7	20	7.8	55	7.6
Total	243	100	225	100	257	100	725	100
21.4. Objective/Biased								
+1 Biased	2	0.8	3	1.3	2	0.8	7	1
+2	18	7.4	13	5.8	13	5.1	44	6.1
+3	92	37.7	108	48.2	109	42.7	309	42.7
+4	97	39.8	70	31.3	87	34.1	254	35.1
+5 Objective	35	14.3	30	13.4	44	17.3	109	15.1
Total	244	100	224	100	255	100	723	100
21.5. Not Credible/ Credible								
+1 Not credible	2	0.8	1	0.5	2	0.8	5	0.7
+2	8	3.3	4	1.8	8	3.1	20	2.8
+3	67	27.5	84	37.8	61	23.9	212	29.4
+4	122	50	91	41	122	47.8	335	46.5

Comparative effectiveness research...	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
+5 Credible	45	18.4	42	18.9	62	24.3	149	20.7
Total	244	100	222	100	255	100	721	100
21.6. Trustworthy/ Untrustworthy								
+1 Untrustworthy	4	1.6	3	1.3	5	2	12	1.7
+2	33	13.6	27	11.9	39	15.3	99	13.7
+3	88	36.2	104	46	89	34.9	281	38.8
+4	88	36.2	68	30.1	82	32.2	238	32.9
+5 Trustworthy	30	12.3	24	10.6	40	15.7	94	13
Total	243	100	226	100	255	100	724	100
21.7. Not Valuable/ Valuable								
+1 Not valuable	1	0.4	2	0.9	1	0.4	4	0.6
+2	7	2.9	2	0.9	9	3.5	18	2.5
+3	70	28.7	85	37.8	61	23.9	216	29.8
+4	128	52.5	117	52	130	51	375	51.8
+5 Extremely valuable	38	15.6	19	8.4	54	21.2	111	15.3
Total	244	100	225	100	255	100	724	100

Table 6. Interest in Learning about CER and EHC Program by Clinician Type

Interest in Learning about...	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
CER								
Not at all interested	21	4.5	23	4.2	11	2	55	3.5
Not very interested	49	10.5	47	8.5	32	5.9	128	8.2
Somewhat interested	152	32.5	218	39.6	160	29.7	530	34.1
Interested	157	33.5	180	32.7	205	38.1	542	34.8
Very interested	89	19	82	14.9	130	24.2	301	19.3
<i>Total</i>	468	100	550	100	538	100	1556	100
EHC Program								
Not at all interested	45	3.3	97.8	1	0.5	2.2	46	3
Not very interested	111	8.1	93.3	8	4.2	6.7	119	7.7
Somewhat interested	459	33.6	90.4	49	25.9	9.6	508	32.7
Interested	489	35.8	86.7	75	39.7	13.3	564	36.3
Very interested	261	19.1	82.3	56	29.6	17.7	317	20.4
<i>Total</i>	1365	100	87.8	189	100	12.2	1554	100

Table 7. Respondents who Share Educational Materials with their Patients by Clinician Type

I share educational materials...	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
With every patient	51	10.9	49	8.8	93	17.2	193	12.3
With most patients	174	37.2	207	37.1	233	43	614	39.2
With some patients	188	40.2	235	42.1	169	31.2	592	37.8
Rarely	50	10.7	49	8.8	30	5.5	129	8.2
Never	1	0.2	7	1.3	3	0.6	11	0.7
Does not apply, I do not help patients make treatment decisions	4	0.9	11	2	14	2.6	29	1.8
<i>Total</i>	468	100	558	100	542	100	1568	100

**Table 8. Reasons Respondents Do Not Discuss Treatment Options with their Patients
by Clinician Type**

When I do not discuss treatment options with patients it is because...	Clinician Type							
	Physician (N=464)		Physician Assistant (N=547)		Nurse Practitioner (N=528)		Total (N=1,539)	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
I don't have enough time	90	19.4	86	15.7	68	12.9	244	15.9
I don't want to confuse my patients	51	11	54	9.9	28	5.3	133	8.6
Organization/practice doesn't encourage talking about treatment options	3	0.6	8	1.5	5	0.9	16	1
My patients don't seem interested in hearing about treatment options	62	13.4	64	11.7	47	8.9	173	11.2
My patients look uncomfortable when I discuss treatment options with them	11	2.4	19	3.5	13	2.5	43	2.8
My patients have difficulty understanding their treatment options	61	13.1	77	14.1	71	13.4	209	13.6
My patients are quickly overwhelmed by the amount of information	63	13.6	88	16.1	70	13.3	221	14.4
My patients are already aware of their treatment options	75	16.2	100	18.3	97	18.4	272	17.7
My patients expect me to know what is best for them	76	16.4	85	15.5	52	9.8	213	13.8
When there are not treatment options to discuss	164	35.3	176	32.2	165	31.3	505	32.8
Not applicable, I discuss options with every patient	188	40.5	213	38.9	213	40.3	614	39.9
None of the above	19	4.1	19	3.5	30	5.7	68	4.4
No response provided	4	0.9	4	0.7	6	1.1	14	0.9

Table 9. Reasons Respondents Discuss Treatment Options with Patients by Clinician Type

When I do discuss treatment options with my patients...	Clinician Type							
	Physician (N=464)		Physician Assistant (N=547)		Nurse Practitioner (N=528)		Total (N=1,539)	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
It is because my patients ask me for options	222	47.8	247	45.2	247	46.8	716	46.5
It is because my patients ask me about specific options	211	45.5	220	40.2	229	43.4	660	42.9
I tell them about the relative effectiveness of each option	337	72.6	376	68.7	364	68.9	1077	70
I describe the potential cost of each option with them	199	42.9	247	45.2	182	34.5	628	40.8
I describe the risks and benefits of each option with them	414	89.2	468	85.6	449	85	1331	86.5
I tell them about my experience with each option	301	64.9	286	52.3	245	46.4	832	54.1
None of the above	6	1.3	5	0.9	10	1.9	21	1.4
No response provided	1	0.2	1	0.2	2	0.4	4	0.3

Table 10. Awareness, Use, and Sharing of EHC Program Products by Clinician Type

Awareness, Use and Sharing of EHCP Products	Clinician Type							
	Physician (N=39)		Physician Assistant (N=38)		Nurse Practitioner (N=83)		Total (N=160)	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
Research reviews								
Aware	31	79.5	30	78.9	68	81.9	129	80.6
Used	17	43.6	14	36.8	43	51.8	74	46.3
Shared	8	20.5	4	10.5	18	21.7	30	18.8
Original research reports								
Aware	28	71.8	24	63.2	61	73.5	113	70.6
Used	17	43.6	12	31.6	32	38.6	61	38.1
Shared	8	20.5	5	13.2	12	14.5	25	15.6
Research summaries								
Aware	31	79.5	25	65.8	69	83.1	125	78.1
Used	20	51.3	15	39.5	45	54.2	80	50
Shared	9	23.1	6	15.8	22	26.5	37	23.1
Consumer/patient summaries								
Aware	20	51.3	22	57.9	52	62.7	94	58.8
Used	10	25.6	11	28.9	16	19.3	37	23.1
Shared	3	7.7	4	10.5	10	12	17	10.6
Clinician summaries								
Aware	27	69.2	25	65.8	59	71.1	111	69.4
Used	16	41	14	36.8	34	41	64	40
Shared	5	12.8	6	15.8	18	21.7	29	18.1
Policymaker summaries								
Aware	17	43.6	18	47.4	38	45.8	73	45.6
Used	5	12.8	5	13.2	8	9.6	18	11.3
Shared	1	2.6	0	0	3	3.6	4	2.5
Continuing Medical Education/ Continuing Education activities								
Aware	22	56.4	27	71.1	54	65.1	103	64.4
Used	15	38.5	14	36.8	36	43.4	65	40.6
Shared	4	10.3	2	5.3	16	19.3	22	13.8
Webcast conferences								
Aware	16	41	22	57.9	41	49.4	79	49.4
Used	4	10.3	9	23.7	15	18.1	28	17.5
Shared	2	5.1	1	2.6	6	7.2	9	5.6
Slide library for presentations and presentation materials								
Aware	15	38.5	15	39.5	37	44.6	67	41.9

Awareness, Use and Sharing of EHCP Products	Clinician Type							
	Physician (N=39)		Physician Assistant (N=38)		Nurse Practitioner (N=83)		Total (N=160)	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
Used	7	17.9	3	7.9	19	22.9	29	18.1
Shared	1	2.6	2	5.3	8	9.6	11	6.9
Educational videos on research topics								
Aware	14	35.9	19	50	41	49.4	74	46.3
Used	5	12.8	5	13.2	18	21.7	28	17.5
Shared	1	2.6	1	2.6	8	9.6	10	6.3

Table 11. Respondents who have ever Visited the EHC Program Web Site by Clinician Type

Have Ever Visited the EHC Program Web Site	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
No	35	61.4	63	72.4	50	46.3	148	58.7
Yes	22	38.6	24	27.6	58	53.7	104	41.3
<i>Total</i>	<i>57</i>	<i>100</i>	<i>87</i>	<i>100</i>	<i>108</i>	<i>100</i>	<i>252</i>	<i>100</i>

Table 12. Activities on EHC Program Web Site by Clinician Type

Have you done while visiting the EHC Program's Web site	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
Read/downloaded a clinician summary	16	72.7	15	62.5	31	53.4	62	59.6
Read/downloaded a consumer summary	10	45.5	3	12.5	13	22.4	26	25
Suggested a topic	0	0	0	0	4	6.9	4	3.8
Made comments on a review	0	0	0	0	0	0	0	0
Taken a continuing education course	0	0	4	16.7	7	12.1	11	10.6
Requested additional information	0	0	0	0	5	8.6	5	4.8
Find information about a particular health condition or treatment topic	8	36.4	7	29.2	26	44.8	41	39.4
Learned more about the Effective Health Care Program	13	59.1	8	33.3	17	29.3	38	36.5
Learned more about comparative effectiveness research	9	40.9	3	12.5	17	29.3	29	27.9
Just looked around on the site	11	50	10	41.7	30	51.7	51	49
Other	0	0	1	4.2	1	1.7	2	1.9
Don't know/not sure	0	0	0	0	0	0	0	0
No response provided	0	0	0	0	1	1.7	1	1

Table 13. Recency of Last Visit to the EHC Program Web Site by Clinician Type

Recency of Last Visit to EHC Program Web Site	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
In the last 3 months	15	71.4	11	45.8	39	67.2	65	63.1
In the last 6 months	2	9.5	9	37.5	9	15.5	20	19.4
6 months to a year ago	1	4.8	2	8.3	3	5.2	6	5.8
More than a year ago	1	4.8	1	4.2	4	6.9	6	5.8
Don't know/not sure	2	9.5	1	4.2	3	5.2	6	5.8
<i>Total</i>	21	100	24	100	58	100	103	100

Table 14. Interest in Using EHC Program Products within the Next Year by Clinician Type

Intentions regarding the EHC Program	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
Use any EHC Program clinician products within the next year								
Definitely will not	9	1.9	11	2	2	0.4	22	1.4
Probably will not	59	12.6	66	11.8	40	7.4	165	10.6
Might or might not	188	40.1	229	41.1	175	32.6	592	37.9
Probably will	168	35.8	192	34.5	228	42.5	588	37.6
Definitely will	45	9.6	59	10.6	92	17.1	196	12.5
<i>Total</i>	469	100	557	100	537	100	1563	100
Use any EHC Program patient summaries within the next year								
Definitely will not	8	1.7	11	2	3	0.6	22	1.4
Probably will not	63	13.4	66	11.8	36	6.7	165	10.6
Might or might not	197	42	239	42.9	199	37.1	635	40.6
Probably will	166	35.4	192	34.5	210	39.1	568	36.3
Definitely will	35	7.5	49	8.8	89	16.6	173	11.1
<i>Total</i>	469	100	557	100	537	100	1563	100

Table 15. Self-Reported Exposure to Information about CER and EHC Program

Exposure to information about CER and the EHC Program	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
Taken any online CME course presenting CER-based findings in last 12 months?								
No	235	50.4	229	41	244	45.2	708	45.3
Yes	90	19.3	99	17.7	108	20	297	19
Don't know/not sure	141	30.3	230	41.2	188	34.8	559	35.7
<i>Total</i>	466	100	558	100	540	100	1564	100
Visit by patient-centered outcomes consultant on CER/EHC Program in last 12 months?								
No	425	90.4	488	87.5	492	90.9	1405	89.5
Yes	14	3	17	3	5	0.9	36	2.3
Don't know/not sure	31	6.6	53	9.5	44	8.1	128	8.2
<i>Total</i>	470	100	558	100	541	100	1569	100
Topics addressed by consultant	N=14		N=17		N=5		N=36	
Insulin Analogues in Premixed Formulations for Adults With Type2 Diabetes	7	50	6	35.3	2	40	15	41.7
Oral Diabetes Medications for Adults With Type 2 Diabetes	10	71.4	9	52.9	3	60	22	61.1
ACEIs, ARBs, Direct Renin Inhibitors for treating essential hypertension	5	35.7	7	41.2	1	20	13	36.1
Other	3	21.4	3	17.6	1	20	7	19.4
Don't know/not sure	0	0	4	23.5	1	20	5	13.9
Have prof. orgs. sent you information about CER/EHC Program in last 12 months?								
No	294	62.7	374	67.5	359	66.4	1027	65.7
Yes	36	7.7	17	3.1	38	7	91	5.8
Don't know/not sure	139	29.6	163	29.4	144	26.6	446	28.5
<i>Total</i>	469	100	554	100	541	100	1564	100
Received information from a national or regional/local organization?								
National organization	18	51.4	11	64.7	24	64.9	53	59.6

Exposure to information about CER and the EHC Program	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
Regional or local organization	2	5.7	3	17.6	5	13.5	10	11.2
Neither national nor regional/local	2	5.7	0	0	0	0	2	2.2
Don't know/not sure	1	2.9	1	5.9	1	2.7	3	3.4
National and regional/local	12	34.3	2	11.8	7	18.9	21	23.6
<i>Total</i>	35	100	17	100	37	100	89	100
Professional Organizations								
American Medical Association	125	26.5	4	0.7	1	0.2	130	8.3
American Academy of Family Physicians	130	27.6	11	2	2	0.4	143	9.1
Society of General Internal Medicine	10	2.1	0	0	0	0	10	0.6
American College of Physicians	81	17.2	4	0.7	0	0	85	5.4
American College of Osteopathic Internists	8	1.7	1	0.2	1	0.2	10	0.6
American Academy of Pediatrics	87	18.5	4	0.7	1	0.2	92	5.8
American Congress of Obstetricians and Gynecologists	39	8.3	2	0.4	2	0.4	43	2.7
American Academy of Physician Assistants	3	0.6	406	72.5	5	0.9	414	26.3
Association of Physician Assistants in Obstetrics and Gynecology	1	0.2	10	1.8	0	0	11	0.7
Association of Family Practice Physician Assistants	1	0.2	35	6.3	0	0	36	2.3
Society for Physician Assistants in Pediatrics	0	0	4	0.7	0	0	4	0.3
American Academy of Nurse Practitioners	0	0	0	0	270	49.6	270	17.1
American College of Nurse Practitioners	0	0	0	0	58	10.7	58	3.7
National Association of Pediatric Nurse Practitioners	0	0	0	0	40	7.4	40	2.5
Association of Women's Health, Obstetric and Neonatal Nurses	0	0	0	0	25	4.6	25	1.6
American Nurses Association	0	0	3	0.5	106	19.5	109	6.9

Exposure to information about CER and the EHC Program	Clinician Type							
	Physician		Physician Assistant		Nurse Practitioner		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
American Academy of Nursing	0	0	0	0	13	2.4	13	0.8
Other national organizations	77	16.3	54	9.6	155	28.5	286	18.2
Other regional/local organizations	61	13	118	21.1	127	23.3	306	19.4
I do not belong to any professional organizations	44	9.3	93	16.6	55	10.1	192	12.2
No response provided	3	0.6	7	1.3	5	0.9	15	1
Exposure - compare treatment options campaign in last 12 months?								
No	142	30.3	181	32.5	158	29.2	481	30.7
Yes	260	55.6	302	54.2	319	58.9	881	56.2
Don't know/not sure	66	14.1	74	13.3	65	12	205	13.1
<i>Total</i>	<i>468</i>	<i>100</i>	<i>557</i>	<i>100</i>	<i>542</i>	<i>100</i>	<i>1567</i>	<i>100</i>
When was last time you saw the campaign information?								
In the last week	59	23	69	22.8	102	32.2	230	26.3
In the last month	107	41.6	122	40.4	113	35.6	342	39
About 2-3 months ago	59	23	76	25.2	56	17.7	191	21.8
About 4-6 months ago	27	10.5	24	7.9	28	8.8	79	9
More than 6 months ago	5	1.9	11	3.6	18	5.7	34	3.9
<i>Total</i>	<i>257</i>	<i>100</i>	<i>302</i>	<i>100</i>	<i>317</i>	<i>100</i>	<i>876</i>	<i>100</i>

APPENDIX P: CONSUMER SURVEY LONGITUDINAL RESULTS

Appendix Q contains the detailed results tables for the longitudinal analysis of all of the main outcome variables from the consumer survey (waves 1 and 2). This is a supplement to the findings reported in Section 5 of the report. The results tables are organized according to three main outcomes: (1) awareness, (2) attitudes/perceived benefits, and (3) behavior/use.

For each outcome variable we analyzed, we tested whether there was a statistically significant increase between survey waves (wave 2 minus wave 1) at the $p < 0.05$ level using a one-sided test (see Section 2.5.1 Analytic Methodology of Consumer Survey for details). The tables include key information such as: (1) wave-specific point estimates; (2) two-sided 95% confidence intervals for each wave-specific point estimate; (3) the estimate for the differences between survey waves, e.g., “Diff (2-1)”; and (4) one-sided 95% confidence intervals for the difference estimates.

Exhibit P.1. Longitudinal Findings of Consumer Awareness of CER, AHRQ, and EHC Program

Q1: Awareness of the concept of comparing health care treatments with your clinician						
Wave	N	Proportion Aware	Std. Err.	t-value	P-value ¹	95% Conf. Interval
1	1005	0.608	0.0269			(0.554, 0.660)
2	948	0.653	0.0286			(0.597, 0.709)
Diff (2-1)		0.046	0.0394			(-0.019, 1)
		under Ho:		1.162295	0.1226	
Q5: Awareness of research that helps you compare treatment options						
Wave	N	Proportion Aware	Std. Err.	t-value	P-value ¹	95% Conf. Interval
1	1005	0.184	0.0224			(0.140, 0.228)
2	948	0.207	0.0257			(0.157, 0.257)
Diff (2-1)		0.023	0.0343			(-0.036, 1)
		under Ho:		0.0669	0.2517	
Q9: Awareness of research on the evaluation of treatment options for specific medical conditions						
Wave	N	Proportion Aware	Std. Err.	t-value	P-value ¹	95% Conf. Interval
1	172	0.729	0.0694			(0.592, 0.865)
2	174	0.855	0.0517			(0.753, 0.957)
Diff (2-1)		0.126	0.0891			(-0.020, 1)
		under Ho:		1.4177	0.0785	
Q10: Awareness of AHRQ						
Wave	N	Proportion Aware	Std. Err.	t-value	P-value ¹	95% Conf. Interval
1	1005	0.043	0.0082			(0.026, 0.059)
2	948	0.107	0.0224			(0.063, 0.151)
Diff (2-1)		0.065	0.0238			(0.0257, 1)
		under Ho:		2.7271	0.0003	

Q11: Awareness of the EHC Program						
Wave	N	Proportion Aware	Std. Err.	t-value	P-value ¹	95% Conf. Interval
1	1005	0.040	0.0100			(0.020, 0.059)
2	948	0.073	0.0188			(0.359, 0.110)
Diff (2-1)		0.033	0.0213			(-0.0019, 1)
		under Ho:		1.5548	0.0601	

¹ One sided p-value using normal approximation to the binomial. Tests null hypothesis of no difference in wave 2 and wave1 proportions versus the alternative that wave 2 is bigger.

Exhibit P.2. Longitudinal Findings of Consumer Attitudes and Perceived Benefits

Q34: Interest in learning more about evaluating treatment options for specific medical conditions						
Wave	N	Proportion Aware	Std. Err.	t-value	P-value ¹	95% Conf. Interval
1	1005	0.374	0.0272			(0.320, 0.427)
2	948	0.506	0.0312			(0.445, 0.567)
Diff (2-1)		0.132	0.0416			(0.0636, 1)
		under Ho:		3.1747	0.0008	
Q35: Interest in learning more about the EHC Program						
Wave	N	Proportion Aware	Std. Err.	t-value	P-value ¹	95% Conf. Interval
1	1005	0.444	0.0282			(0.389, 0.499)
2	948	0.584	0.0306			(0.524, 0.644)
Diff (2-1)		0.140	0.0418			(0.070, 1)
		under Ho:		3.1152	0.0004	
Q36: Interest in evaluating treatment options before making medical decisions						
Wave	N	Proportion Aware	Std. Err.	t-value	P-value ¹	95% Conf. Interval
1	1005	0.688	0.0258			(0.638, 0.739)
2	948	0.742	0.0275			(0.688, 0.796)
Diff (2-1)		0.054	0.0378			(-0.008, 1)
		under Ho:		1.4260	0.077	

¹ One sided p-value using normal approximation to the binomial. Tests null hypothesis of no difference in wave 2 and wave1 proportions versus the alternative that wave 2 is bigger.

Exhibit P.3. Longitudinal Findings of Consumer Behavior Change and Use

Q37: Intention to use AHRQ's consumer summaries or other studies that evaluate treatment options to prepare for a medical visit or make medical decisions						
Wave	N	Proportion Aware	Std. Err.	t-value	P-value ¹	95% Conf. Interval
1	1005	0.388	0.0285			(0.332, 0.444)
2	948	0.452	0.0314			(0.391, 0.514)
Diff (2-1)		0.064	0.0427			(-0.006, 1)
		under Ho:		1.501	0.067	

¹ One sided p-value using normal approximation to the binomial. Tests null hypothesis of no difference in wave 2 and wave1 proportions versus the alternative that wave 2 is bigger.

APPENDIX Q: CLINICIAN SURVEY LONGITUDINAL RESULTS

Appendix Q contains the detailed results tables for the longitudinal analysis of all of the main outcome variables from the clinician survey (waves 1 and 2). This is a supplement to the findings reported in Section 6 of the report. The results tables are organized according to the four main outcomes: (1) awareness, (2) knowledge and understanding, (3) attitudes/perceived benefits, and (4) behavior/use.

For each outcome variable we analyzed, we tested whether there was a statistically significant increase between survey waves (wave 2 minus wave 1) at the $p < 0.05$ level using a one-sided test (see Section 2.5.2 Analytic Methodology of Clinician Survey details). The tables include key information such as: (1) wave-specific point estimates; (2) two-sided 95% confidence intervals for each wave-specific point estimate; (3) the estimate for the differences between survey waves, e.g., "Diff (2-1)"; and (4) one-sided 95% confidence intervals for the difference estimates.

Exhibit Q.1. Longitudinal Findings of Clinician Awareness of EHC Program, CER, and AHRQ

Aided awareness of EHC Program						
Wave	N	Proportion Aware	Std. Err.	Z-value	P-value ¹	95% Conf. Interval
1	1657	0.083887	0.00681			(0.070539, 0.097234)
2	1558	0.121951	0.00829			(0.105703, 0.1382)
Diff (2-1)		0.038065	0.010729			(0.02, 1)
		under Ho:	0.010696	3.56	0.0002	
Aided awareness of CER						
Wave	N	Proportion Aware	Std. Err.	Z-value	P-value ¹	95% Conf. Interval
1	1623	0.181762	0.009573			(0.163, 0.200524)
2	1480	0.196622	0.010331			(0.176373, 0.21687)
Diff (2-1)		0.01486	0.014084			(-0.008, 1)
		under Ho:	0.014067	1.06	0.1454	
Aided awareness of AHRQ						
Wave	N	Proportion Aware	Std. Err.	Z-value	P-value ¹	95% Conf. Interval
1	1669	0.32834	0.011495			(0.305811, 0.35087)
2	1564	0.378517	0.012264			(0.354479, 0.402554)
Diff (2-1)		0.050176	0.016809			(0.023, 1)
		under Ho:	0.016815	2.98	0.0014	
Aided awareness of PCOR						
Wave	N	Proportion Aware	Std. Err.	Z-value	P-value ¹	95% Conf. Interval
1	1640	0.462805	0.012312			(0.438673, 0.486937)
2	1491	0.488263	0.012945			(0.462891, 0.513635)
Diff (2-1)		0.025458	0.017866			(-0.004, 1)
		under Ho:	0.017869	1.42	0.0771	

¹ One sided p-value using normal approximation to the binomial. Tests null hypothesis of no difference in wave 2 and wave1 proportions versus the alternative that wave 2 is bigger.

Exhibit Q.2. Longitudinal Findings of Clinician Knowledge and Understanding

CER Knowledge Scale ¹							
Wave	N	Mean	Std. Err.	T-value	P-value	95% Conf. Interval	
1	731	5.372093	0.091368	-1.1099	0.866	(5.192718,	5.551468)
2	746	5.226542	0.094076			(5.041856,	5.411227)
Diff (2-1)		-0.14555	0.131143			(-0.361,	11)
EHC Program Knowledge Scale ²							
Wave	N	Mean	Std. Err.	T-value	P-value	95% Conf. Interval	
1	134	6.395522	0.249794	-0.2188	0.587	(5.90144,	6.889605)
2	183	6.322404	0.222036			(5.88431,	6.760499)
Diff (2-1)		-0.07312	0.334211			(-0.625,	11)

¹ Among respondents aware of CER.

² Among respondents aware of EHC Program.

Exhibit Q.3. Longitudinal Findings of Clinician Attitudes and Perceived Benefits

Interest in learning more about CER							
Wave	N	Mean	Std. Err.	T-value	P-value	95% Conf. Interval	
1	1659	3.570826	0.023526			(3.524681,	3.61697)
2	1556	3.582262	0.025444			(3.532353,	3.632171)
Diff (2-1)		0.011436	0.034654			0.33	0.371
Interest in learning more about EHC Program							
Wave	N	Mean	Std. Err.	T-value	P-value	95% Conf. Interval	
1	1675	3.613134	0.022891			(3.568236,	3.658033)
2	1569	3.639261	0.024839			(3.59054,	3.687981)
Diff (2-1)		0.026126	0.033778			0.7735	0.22
CER Perceived Benefits Scale ¹							
Wave	N	Mean	Std. Err.	T-value	P-value	95% Conf. Interval	
1	721	0.582683	0.019771			(0.543866,	0.621499)
2	743	0.556072	0.01948			(0.517829,	0.594314)
Diff (2-1)		-0.02661	0.027756			-0.9588	0.831
CER Opinions Scale ¹							
Wave	N	Mean	Std. Err.	T-value	P-value	95% Conf. Interval	
1	705	3.68589	0.022094			(3.642512,	3.729268)
2	731	3.727835	0.021696			(3.685242,	3.770429)
Diff (2-1)		0.041945	0.030965			1.3546	0.088

¹ Among respondents aware of CER.

Exhibit Q.4. Longitudinal Findings of Clinician Behavior Change and Use

Ever visited EHC Program Web site ²						
Wave	N	Proportion Visited	Std. Err.	Z-value	P-value ¹	95% Conf. Interval
1	291	0.278351	0.026273	3.29	0.0005	(0.226856, 0.329845)
2	252	0.412698	0.031013			(0.351914, 0.473483)
Diff (2-1)		0.134348	0.040646			(0.067, 1)
		under Ho:	0.040783			

Likely to use EHC Program patient summaries within the next year						
Wave	N	Proportion	Std. Err.	Z-value	P-value ¹	95% Conf. Interval
1	1665	0.465466	0.012224			(0.441506, 0.489425)
2	1563	0.474088	0.01263			(0.449334, 0.498843)
Diff (2-1)		0.008623	0.017577			(-0.02, 1)
		under Ho:	0.017577	0.49	0.3119	
Recently used EHCP clinician products ³						
Wave	N	Proportion	Std. Err.	Z-value	P-value ¹	95% Conf. Interval
1	135	0.511111	0.043023			(0.426789, 0.595434)
2	185	0.437838	0.036476			(0.366347, 0.509329)
Diff (2-1)		-0.07327	0.056404	-1.3	0.9027	(-0.166, 1)
Recently shared consumer summaries with patients ³						
Wave	N	Proportion	Std. Err.	Z-value	P-value ¹	95% Conf. Interval
1	136	0.352941	0.040978			(0.272625, 0.433257)
2	185	0.318919	0.034265			(0.25176, 0.386078)
Diff (2-1)		-0.03402	0.053417	-0.64	0.7386	(-0.122, 1)

¹ One sided p-value using normal approximation to the binomial. Tests null hypothesis of no difference in wave 2 and wave1 proportions versus the alternative that wave 2 is bigger.

² Among respondents who had heard of the EHC Program Web site.

³ Among respondents aware of EHC Program.